

City and County of the City of Exeter



ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH
FOR 1968



E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
Medical Officer of Health,
HEALTH DEPARTMENT,
"MORWENSTOW", 7, BARNFIELD CRESCENT,
EXETER.

TELEPHONE: 77888.

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HEALTH DEPARTMENT,
“ MORWENSTOW ”,
7, BARNFIELD CRESCENT,
EXETER.

Tel. No. 77888.

May, 1969.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

*To the Right Worshipsful the Mayor, Aldermen and Councillors
of the City and County of the City of Exeter.*

MR. MAYOR, LADIES AND GENTLEMEN,

This is my nineteenth and last annual report to you as Medical Officer of Health of the City.

Meteorology.

In regard to weather, 1968 can only be described as a poor year—the winter dull, the spring cool and the summer wet. Bright sunshine was in total less than in any year since the records were begun at the Airport in 1946, January, October and November being especially dull. The rainfall was slightly above average, and in April was twice as heavy as usual in this month ; over an inch and a half fell in one day in July.* Our experience is that in recent years fogs have not been nearly so troublesome in the City as they were over ten years ago. (Fumes from motor vehicles are still very evident, however.)

Vital Statistics.

The mid-year population was estimated by the Registrar General at 93,010 or 460 more than a year before. The natural increase (excess of live births over deaths) during 1968 itself was 283.

The birth rate (15.6) declined very slightly and was as usual lower than the national rate : illegitimate live births declined, but were still at a relatively high figure, viz. : 90 per 1,000 live births : the general death rate (10.9, adjusted), though markedly higher than in 1967 when it was at its lowest ever, was less than the national rate (11.9). The infant death rate (9.5) was by far the lowest recorded in Exeter and only half the rate for England and Wales,

* Information kindly supplied by the Meteorological Office, Exeter Airport.

but unfortunately, the stillbirths were distinctly more numerous than in the previous two years and the rate (14.1) was about the same as the national figure. The perinatal death rate, which refers to stillbirths and first week deaths, was at 18.8, lower than in 1967 (19.4), but not so favourable as in 1966 when it was at its lowest: it was, however, much less than the rate for England and Wales (25). This is generally regarded as the most sensitive index of maternal care. No mother died because of pregnancy. The number of marriages and the rate per 1,000 of the population were higher than for at least over a decade.

In 1968, the Registrar General has substituted for his short classification of 36 causes of deaths, the new International Abbreviated List of 50 causes and this is quoted in the report. At present, this is rather confusing, but it will be the basis for future comparisons. (It has been my object throughout my reports to keep standard tables so that any one year might be compared with others and the figures—comparatively small as they are—might, over a period, give useful information). Coronary disease, cancer, cerebrovascular accidents, accounted for most of the deaths. More Exeter people died from cancer of the lung and/or bronchus than in any previous year: it is now the most significant group of cancer deaths: of the 59, rather more than half were in persons over 65. This proportion also applies to cancer generally. Deaths from violent causes increased sharply, too, especially from accidents other than motor accidents. Suicides remained at approximately the same level as in recent years; certification as "accidental death" may cover suicide, not clearly evident as such. A very simple review of believed unsuccessful attempted suicides in the City was carried out; this is set out in Appendix III.

Sickness.

Sickness, as reflected in the new certifications of sickness in the insured population, received by the Exeter Office of the Department of Health and Social Security, which covers an area wider than Exeter, shewed a sharp peak due to respiratory infections in mid-January and again in late February, but on the whole, it was not markedly above our usual experience.

Measles was epidemic and notifications of dysentery were five times as numerous as in 1967, but the threatened outbreak of Hong Kong 'Flu did not materialise in 1968; and otherwise the acute infections were not very prominent. As a cause of death, they have ceased to be significant. That is not to say that they may not change in this respect; secular variations in the virulence of organisms are well-known. Immunisation was vigorously maintained, and we hope to initiate computer control of the records. The figures

for 1967 shew that we slipped somewhat in the table of local health authority performance, though still well above the national average.

Drug
Addiction.

Superintendent C. Avery of the Devon & Cornwall Police tells me that though there is a minor drug addiction problem in Exeter, the police are positive it has not reached serious dimensions.

Environmental
Hygiene.

Smoke control continued to make steady headway. During 1968 the Ministry of Housing and Local Government approved two Orders made by the Council. Approved Orders now cover nearly half the acreage and two-fifths of the houses in the city.

The coal concentration depot at Exmouth Junction caused a good deal of anxiety during the year; the chief public health inspector and I submitted a report in October to the Health Committee, setting out our findings of dust deposition in the surrounding area and expressing our view that no actionable health nuisance was being caused. This did not satisfy a number of the neighbouring residents.

The public water supply has been satisfactory throughout the year, though in the autumn special chlorination had to be employed to deal with Nais organisms in a part of the city.

Consideration was given to fluoridation of the public water supply, but it was decided to take no further action at present. The Medical Officer of Health of Watford, where fluoridation has been effected for some years, assures me that the children native to Watford can be distinguished by their excellent teeth from those who come into the town from elsewhere.

St. Thomas Health Centre took visible shape during the year. Discussions were begun about another in Mount Pleasant to serve the north central area of the City.

Consideration of a health centre programme to cover the City was begun during the year.

Mental
Health

The Nichols Centre continued to develop and the number of persons attending for training was nearly 150 at the year end. Output in engineering and assembly work continued to expand in both quantity and quality and social training was integrated more effectively. An improved internal road system and more storage accommodation are now planned. Whether a special care unit for adults should be established there and the possible development of a sheltered workshop are matters for consideration.

At the Ellen Tinkham House School for severely sub-normal children, the number attending has increased; extensions to the special care unit, a new nursery classroom,

and the provision of a homecraft and woodwork unit were approved to commence in 1969. The Government has decided to transfer responsibility for these centres locally from the health department to the education authority.

Family
Planning.

Family planning was supported by the City Council by means of a grant to the local association, and publicity. One Nursing Home in the City is registered for abortions under the Abortion Act 1967—which I regard as a most undesirable piece of legislation.

Abortions

Day Hospital
for Elderly.

The Committee were sympathetic with the idea of a day hospital, as advocated by the geriatric physicians, in Redhills Hospital for elderly patients; this will involve the ambulance service in further work. The proposal has been agreed in 1969 by the regional hospital board and should prove very valuable.

Occupational
Health
Service

One development which merits consideration is an occupational health service for the Council's staff, an idea which is gaining ground throughout the country. There are over 4,000 employees in the Council's service. An occupational health service should be profitable both for the authority and the staff, for their interests are clearly not in conflict.

New Offices.

The health office was moved to "Morwenstow", 7, Barnfield Crescent, on 7th January. This was because of severe overcrowding and unsatisfactory staff conditions in the municipal offices and because our removal was the simplest way to ease them. The new office, including the house and a prefabricated building especially designed and erected at the rear, is very pleasant.

Staff.

Dr. I. V. I. Ward retired after 26 years devoted and very able service to Exeter children, especially the infants. Mrs. E. Wood, who had piloted so successfully the training centre for mentally handicapped women since May 1960, also retired. We wish them both every happiness.

It is with great regret I record the sudden death of Mr. G. A. Gibson, an administrative assistant who had given excellent service to the Council for over 20 years.

Many people have contributed through their reports to me, to this annual report. Mostly, they are acknowledged. Mr. Stiles (Chief Administrative Assistant) and Mr. Gossington (Senior Administrative Assistant) in particular, have prepared the statistical tables.

The
Green Paper.

The Green Paper on the future of the administration of the National Health Service issued during the year was considered by the Committee. My view was that it was a badly constructed design and excessively bureaucratic in intention, and that two tiers of authority would prove necessary—one, large, for planning, one, much smaller, for

executive and management functions, in all branches of the National Health Service, but that full consideration was impossible without taking into account decisions on the reports of the Seebohm Committee and the Royal Commission on Local Government.

On 1st November, the Ministry of Health was absorbed into the new Department of Health and Social Security which also incorporated the former Ministry of Social Security (which itself had been established in 1966).

Health and
Welfare.

Over the years, a fair number of local Authorities have united their health and welfare departments under the overall administration of the Medical Officer of Health. In a small number of Authorities the reverse process of separation has occurred. The Seebohm Committee, seeking to establish a common reference points for enquiries for social services, as well as a favourable career structure for social workers, has advocated the removal of almost all social work from local authority health departments and its concentration together with certain other social services (from welfare, children and education departments) in a new social service department under the administration of a social worker. I fully recognise the significance of social work in preventive medicine and the contribution to society that social workers can make, but I cannot agree that this separation from health departments is desirable, and especially *re* the mental health social work—in which Exeter has done a very great deal—and the home help service. A great deal of social misfortune derives from deterioration in health, as is certainly the case in the very aged, or from inherited defect or disorder, and it has long been recognised that medicine has a large social work content : Neumann in Berlin, as long ago as 1847, said that medicine was a social science.

In Exeter the relationships of the chief officers have been very friendly and co-operation between the health, welfare and children's departments has been easy and effective, and joint conferences have been continuously useful. Co-operation with the housing department too has been extended especially in relation to the aged.

Changes,
1950-1969.

It is legitimate to review briefly the changes that have taken place in your health services during the past nineteen years, many of them in the ordinary evolutionary processes affecting the public services, which I have witnessed during thirty-two years as a Medical Officer of Health. Most important, I think, has been the expansion of community care for the mentally ill and mentally subnormal ; the training centre (now called school) for children which began in 1950 in a Mission Hall in Exe Island is now in a very commodious premises with an associated special care

unit in Hollow Lane. The mental health staff based on the Nichols Comprehensive Mental Health Centre, with the help of Dr. L. Couper and the staff of the Exe Vale Mental Hospital Group and the Royal Western Counties Hospital, has changed completely the outlook and opportunity for very many mentally ill and subnormal persons.

New purpose built health clinics have been established at Whipton and Countess Wear, and at Burnthouse Lane a large community hall has been appropriated and adapted for this purpose. A health centre has been built in St. Thomas. A new ambulance station and headquarters has been built. Audiology facilities, child guidance and speech therapy for little ones have been extended. Regular conferences have been established with other council departments and outside bodies concerned in the care of deprived children and of the aged. Association of midwives with the doctors in their ante-natal sessions has been developed. Experimental attachment of health visitors to general practice has just begun. On the rather negative side, two of our three nurseries have been closed and the nursery nurse training school discontinued. Health education has been forwarded by the appointment of a health education officer. On the environmental health side, smoke control has been vigorously pressed and half of the area of the City and two-fifths of the houses are covered by smoke control orders. A new two-storey line-system abattoir has been built—not before its time, either. A slum clearance programme was successfully completed, and a considerable review of underground rooms has been effected. Food hygiene control has been strengthened.

After years of excellent relationship with the voluntary bodies concerned, the Council assumed direct control of the home nursing and home midwifery service with the related training schools, and of the ambulance service. A new voluntary Mother and Baby Home and Hostel was opened, and many play groups have been recently established.

An intensive City-wide Chest X-Ray campaign was organised in 1959.

The city health department has co-operated with the hospital board and the university in relation to postgraduate education of doctors and has encouraged and co-operated in Exeter's Community Health Survey and in the establishment of the University Department of Community Medicine and Biometry. We have also collaborated with the hospital authorities in the education of student nurses.

Voluntary
Work.

The City is fortunate in the amount of voluntary work undertaken. The Council of Social Service, the British Red Cross and St. John Ambulance Associations, the various

Leagues of Friends of hospitals, the W.R.V.S., the Simon Community, and so many other organisations all contribute substantially to the social well-being of individuals in the City. It is a healthy sign when people will do things for themselves and when those more fortunate perhaps are willing to help, especially by way of personal effort, those less favourably placed.

A number of papers of varying importance from the department has been published in the medical and public service journals ; most, but not all, are listed in Appendix IV ; and a number of annotations and short leaders have been published anonymously and are not listed. Various enquiries and surveys have been made on various subjects, e.g. the incidence of congenital defects, the care of deprived children, referrals to the mental health services, home accidents, and dysentery.

Once again, I gladly acknowledge the kindness and help given to my Department and to me by the Chairmen and members of the Health Committee with whom I have been associated and, in particular, my present Chairman, Alderman Mrs. M. Nichols, whose public service is rightly so widely acknowledged ; also Alderman Mr. H. T. Howe, the Vice-Chairman. The Town Clerks and Chief Officers have all been generous in their co-operation and the doctors of the City and the various voluntary organisations and the Press have been constantly friendly. My own staff, my Deputy and my medical colleagues, the Chief Public Health Inspector and his staff, the public health nurses, the mental health staff ; the administrative staff under Mr. R. W. Stiles, and my secretary, Mrs. M. Payne, and indeed all my staff, have worked hard and faithfully and have assisted me loyally.

It is never easy to lay down a satisfying office and to part, in a sense, from colleagues who are friends of many years' standing. I do so confident that in this lovely City the health of the citizens will always be a first and real charge on the activities of the local authority, and that those who follow me will, as those who preceded me did, advise the Council with sincerity, and will do all in their power to translate the will of the Council into practical measures, advancing the well-being of the people.

I am,

Your obedient servant,

E. D. IRVINE.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

ALDERMAN J. B. MARTIN, J.P.

HEALTH COMMITTEE

at Dec. 31st, 1968

Chairman—

Alderman Mrs. M. NICHOLS, B.Sc.

Deputy Chairman—

COUNCILLOR H. T. HOWE.

Alderman R. E. C. BOARD, J.P.

Councillor M. J. HOPKINS.

Councillor Mrs. I. M. JOHNS.

Councillor A. V. MACAN.

Councillor P. MILLER, B.A. (COMM.),
GRAD.INST.T.

Councillor F. R. OLIVER, M.A., D.PHIL.

Councillor R. H. M. PALMER.

Councillor F. J. PARKHOUSE.

Alderman R. W. PYNE.

Councillor Mrs. M. B. WESTAWAY.

Councillor E. V. M. WHITEWAY.

Councillor Mrs. A. WING.

Co-opted Members—

Mrs. D. CROWN.

Mr. J. FLETCHER.

Mrs. A. T. SOPER.

Dr. T. H. POWELL.

Mrs. A. ROBB.

Town Clerk—

W. A. MCSKIMMING, Esq. (retired 19th April, 1968).

A. E. BENNETT, Esq. (commenced 29th July, 1968).

STAFF

PUBLIC HEALTH OFFICERS OF THE AUTHORITY

(a) Medical.

Medical Officer of Health and Principal School Medical Officer.

EDWARD D. IRVINE, M.D. (Liv.), M.R.C.S., L.R.C.P., D.P.H., F.R.S.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

G. P. McLAUCHLAN, M.B., CH.B., (Ed.) D.P.H., D.C.H.

Senior Assistant Medical Officer of Health and School Medical Officer.

ELIZABETH L. RYAN, B.A., M.B., B.CH., B.A.O. (Dublin), L.M., D.P.H.
(also Medical Supervisor of Midwives).

Assistant Medical Officers of Health and School Medical Officers.

IRIS V. I. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P., D.C.H. (retired 17.5.68).

BARBARA C. SEMPLE, M.B., CH.B. (Liv.) (resigned 2.2.68).

MARY ALLEN, M.B., CH.B., B.A.O. (Belfast), D.OBST.R.C.O.G., D.P.H.
(commenced 8.1.68).

GERALD F. C. HAWKINS, B.A., B.M., B.CH. (Oxon), M.R.C.S., L.R.C.P.
(commenced 12.8.68).

NERGESH R. SURTI, M.B., B.S. (Bombay), D.C.H., D.A.B.P. (U.S.A.),
M.P.H. (Harvard) (commenced 29.7.68).

Chest Physician (Part-time).

ROBERT P. BOYD, M.B., CH.B., D.P.H. (Glas.), F.R.F.P.S.G. (died 12.12.68).
(Replacement not appointed at year end).

Consultant Psychiatrist (Part-time).

LEWIS COUPER, M.B., CH.B., D.P.M.

Principal Dental Officer.

†ALVIN PRYOR, L.D.S., R.C.S. (Eng.).

Dental Officers.

†R. B. MYCOCK, L.D.S. (Bris.)

†T. N. PRAAT, L.D.S., R.C.S. (Eng.)

†Mrs. GILLIAN A. RAMPTON, L.D.S. (Dur.) (resigned 16.11.68).

†R. W. SLEE, B.D.S. (Lond.), L.D.S., R.C.S. (commenced 18.11.68).

(b) Others.

Chief Public Health Inspector and Officer under the Food and Drugs Act, etc.

**F. G. DAVIES, F.R.S.H., F.A.P.H.I., A.M.I.P.H.E.

Deputy Chief Public Health Inspector.

**DENNIS MAYNARD, F.A.P.H.I., M.R.S.H.

Public Health Inspectors.

**H. F. BLAND.

**J. T. BROWN.

**T. EVANS (commenced 3.9.68).

**J. K. HARRIS.

**J. LUBY (resigned 14.5.68).

†**D. B. MAY.

†**D. PECKHAM.

**M. J. SKINNER.

**G. A. WISEMAN (commenced 1.10.68).

R. M. DAVIES (Student P.H.I.)

(left 31.10.68).

Miss Y. FITZGERALD (Student P.H.I.).

(commenced 1.11.68).

A. J. PALFREY (Student P.H.I.).

Meat Inspectors.

*E. CASTLEDINE (commenced 9.12.68). *P. J. HEDGES.

*A. F. EAGLES.

*C. MUOGHALLU (commenced 15.1.68,
resigned 21.10.68).

R. WEBBER (retired 10.1.68).

Public Analyst.

C. V. REYNOLDS, PH.D., F.R.I.C.

Superintendent Health Visitor.

Miss A. J. M. HEMINGWAY, S.R.N., S.C.M. (Pt. 1), H.V. Cert., Dip. Soc. (Lond.),
P.H. (Admin.) Cert.

Health Visitors and School Nurses.

Miss M. L. BARRETT, S.R.N., S.C.M., (Pt. 1) H.V. Cert.

Miss G. M. BASTOW, S.R.N., S.C.M., H.V. Cert.

Miss G. A. BOND, S.R.N., S.C.M., H.V. Cert.

Mrs. J. M. BOOTH, S.R.N., S.C.M., H.V. Cert.

Sponsored Student 1967/68, appointed H.V. 30.9.68).

Miss B. BRAZIL, S.R.N., S.C.M., H.V. Cert. (part-time).

Miss Y. CASELLI, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

Miss H. E. K. CHAPMAN, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

Miss M. J. COOK, S.R.N., S.C.M., H.V. Cert.

Mrs. K. DUNHAM, S.R.N., S.C.M. (Pt. 1), H.V. Cert. (Group Adviser).

Miss M. C. FRASER, S.R.N., S.C.M., H.V. Cert.

Miss P. HORNE, S.R.N., S.C.M. (Pt. 1), H.V. Cert. (retired 31.7.68).

Miss C. S. NEWTON, S.R.N., S.C.M., Q.N., H.V. Cert.

Miss A. E. RADCLIFFE, S.R.N., S.C.M., H.V. Cert.

Miss H. SHEWAN, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

Mrs. E. VEALE, S.R.N., S.C.M., H.V. Cert.

Miss J. WALLIS, S.R.N., S.C.M., Q.N., H.V. Cert.

Miss L. E. WATHEN, S.R.N., S.C.M., H.V. Cert.

† Duties mainly in connection with the School Health Service.

** All qualified Public Health Inspectors and Meat Inspectors.

* Meat Inspector's Certificate.

† Smoke Certificate.

Tuberculosis Health Visitor.

MISS A. DAWSON, S.R.N., S.C.M., (Pt. 1), H.V. Cert., B.T.S.

*Home Midwifery and Home Nursing Service and Training Schools.**
Superintendent and Non-Medical Supervisor of Midwives.

MISS P. WHITE, S.R.N., S.C.M., Q.N., M.T.D.

Deputy Superintendent.

MISS J. M. NEWELL, S.R.N., S.C.M., Q.N., P.H. (Admin.) Cert.

Assistant Superintendent.

MISS P. HARDING, S.R.N., S.C.M., Q.N., M.T.D.

8 Home Midwives (including 4 district teaching midwives) and 23 Home Nurses
(20 S.R.N. and 3 S.E.N.).

* From 1.4.68 the Council assumed direct control of the Domiciliary Midwifery,
District Nursing and Training Schools formerly administered by the
Exeter Maternity and District Nursing Association.

Day Nursery—Matron.

MISS J. BRYAN.

(Warden (1), Staff Nursery Nurse (1), Nursery Assistants (3 Full-time,
1 Part-time))

Home Help Service.

Organiser — MISS M. M. CHANTER

Assistant Organiser (Part-time) — MRS. D. MAUNDER

Chiropodists.

Chief Chiropodist — G. A. PARTRIDGE, M.Ch.S., S.R.Ch.

Mrs. M. Partridge, M.Ch.S., S.R.Ch.

MRS. M. E. ROBERTS, L.Ch., A.Ch.D., S.R.Ch.

Ambulance Officer.

CAPTAIN F. G. IRELAND.

Mental Health Services.

Senior Mental Welfare Officer.

W. H. A. WESTON, Dip. in Sociology (London).

Assistant Senior Mental Welfare Officer.

L. N. CLARK, R.M.P.A.

Mental Welfare Officers.

E. J. LOCK, P.S.W.

W. J. B. STAPLE.

MRS. M. E. CROUCH, Social Science Certificate.

A. D. SMITH (commenced 1.1.68).

A. J. LOVELL, S.R.N., R.M.N. (commenced 1.2.68).

MRS. P. O. F. GARNER, Social Science Certificate (Part-time).

*R. E. Woolnough (Trainee).

Nichols Centre Hostels.

Warden : MR. R. I. JOHNSON, R.M.N.

Matron : MRS. E. P. JOHNSON, R.M.N.

Adult Training Centre.

Manager : MR. W. E. DAVENPORT, (Kew Cert.)

Senior Instructor — W. S. DE VIELL.

* Seconded for 2-year Course in social work training from September, 1968.

Supervisor.

MRS. E. WOOD (retired 31.10.68).
MRS. M. A. HUBBARD (commenced 1.11.68).

Instructors.

N. WILCOCK. D. A. DREW. G. T. WOOLWAY.

Assistant Supervisors.

MRS. R. M. MARSH (resigned 29.11.68).
MRS. A. E. STRINGER (commenced 9.12.68).
MRS. J. E. BLACKMORE (commenced 1.1.68).
MISS J. R. IRELAND (commenced 2.12.68).

Ellen Tinkham House School (Junior Training Centre).

Supervisor :

MISS F. CROOK, Diploma N.A.M.H.

Assistants:

MISS A. E. VICKERY. MISS E. DUVALL.
MISS J. PAPPIN. MRS. M. O. SKINNER.

Trainee Assistant.

MISS A. PATON.

Chief Administrative Assistant.

R. W. STILES, N.A.L.G.O. (Finalist).

Senior Administrative Assistant.

A. R. GOSSINGTON.

Administrative Assistants.

R. M. ALFORD (commenced 4.10.68). D. HUISH (promoted 29.11.68).
G. A. GIBSON (died 31.10.68). H. W. WEST, D.P.A.
A. P. M. YOUNG (resigned 7.9.68).

Clerical Staff.

MISS E. L. BARRINGER (retired 31.5.68).	MRS. E. M. A. MARDON
M. C. BENTLEY (commenced 9.12.68).	(resigned 30.11.68).
J. BERRY.	MRS. C. MARTIN (resigned 9.8.68).
MRS. H. E. BURROWS.	MISS P. MERRETT
MISS D. BURWOOD.	(commenced 9.8.68).
S. C. CARR.	MISS M. E. NOEL.
*MRS. M. CASH.	MRS. J. M. NOTT
MISS G. CLARK.	(commenced 25.3.68).
*MRS. E. M. COURTENAY.	MRS. G. NOWELL.
MISS P. EVES-DOWN.	MRS. M. PAYNE.
MISS H. FRASER (commenced 4.6.68).	*MRS. M. PEARCE.
MRS. W. FROST.	MRS. C. I. PIM.
MRS. J. GALE (nee LEMON).	MRS. J. A. SHAPCOTT.
*MRS. C. GADSBY.	MRS. F. N. SHORT.
*MRS. B. HILTON (resigned 9.8.68).	*MRS. B. SNOOK (commenced 3.9.68).
MRS. D. HOOK (resigned 3.3.68).	MRS. M. F. E. SYMONDS.
MISS E. M. HOSEGROVE.	J. TAVERNER.
*MRS. M. ISSERLIS.	L. VOYSEY.
	MRS. S. M. WALSH.

* Part-time, temporary.

Exeter Diocesan Association for the Care of Girls.

*Social Worker — MISS B. CRAMP.

* Half salary and expenses paid by Exeter City Council.

Table I.
VITAL STATISTICS — 1896-1968

Year	Estimated Mid-Year Population	Live Births	Birth Rate ("adjusted" since 1954)	Deaths	Death Rate "adjusted" from 1924)	Stillbirths	Stillbirth Rate	Infant Deaths	Infant Death Rate per 1,000 Live Births	Neo-natal Deaths No. Rate	Maternal Deaths No. Rate
1896	38,000	975	25.7	708	17.2			160	164		
1897	38,000	906	23.8	751	18.3			145	161		
1898	38,000	868	22.8	647	16.6			154	178		
1899	38,000	843	22.2	772	19.1			146	173		
1900	(a)47,650	831	21.9	731	18.0			114	138		
1901	47,000	1,084	23.1	830	16.4			164	152		
1902	47,185	1,021	21.3	834	16.5			170	167		
1903	47,185	1,071	22.6	775	15.3			141	131		
1904	47,600	1,115	23.4	828	17.4			155	166		
1905	47,800	1,060	22.4	723	15.5			132	122		
1906	48,000	1,036	21.7	708	14.7			134	127		
1907	48,200	1,057	21.9	823	17.0			142	134		
1908	48,200	1,131	23.0	804	16.6			143	126		
1909	48,500	1,115	23.4	762	15.7			113	101		
1910	48,700	1,003	20.6	746	13.0			97	97		
1911	48,700	976	19.8	797	15.0			120	124		
1912	48,700	1,010	20.6	753	13.0			96	95		
1913	49,000	966	19.4	847	14.0			95	100		
1914	(h)60,317	1,193	19.7	900	13.0			87	85		
1915			18.0		14.0			78	78		
1916	Not Published	Not Published	17.0	Not Published	15.0			61	61		
1917			15.0		16.0			71	79		
1918			15.0		12.0			94	67		
1919	61,475	1,531	15.0	807	11.0			108	96		
1920	62,332	1,400	22.4	739	12.0			70	67		
1921	59,500	1,061	19.0	765	12.0			66	61		
1922	59,700	1,015	17.0	871	13.0	34	57	62	59		
1923	60,260	1,021	17.0	733	11.0	58	56	73	68		
1924	60,160	1,010	17.0	779	12.0	56	52	69	60		
1925	60,410	1,101	16.0	872	11.0	44	52	57	60		
1926	60,990	1,006	16.0	792	11.0	41	58	66	69	31 28	5 4.8
1927	61,220	1,083	16.0	752	10.0	42	59	60	60	28 28	3 2.8
1928	62,030	965	15.0	773	10.0	48	61	69	23 24	4 5.1	4 3.9
1929	61,880	1,141	16.0	863	12.0	41	52	53	25 23	3 3.1	3 4.2
1930	61,880	944	15.0	759	10.0	36	38	47	50	21 22	5 3.0
1931	64,780	934	14.0	862	9.8	45	46	53	57	30 32	Nil Nil
1932	66,200	950	14.0	798	10.8	42	51	54	35 37	3 3.0	
1933	67,300	940	13.9	885	10.7	36	38	45	48	23 24	3 3.1
1934	67,800	1,021	15.0	785	10.0	41	40	57	56	27 26	3 2.8
1935	68,300	982	14.3	815	10.3	42	44	56	54	25 25	1 0.9
1936	68,650	915	13.3	890	11.3	44	44	62	56	29 32	2 2.1
1937	69,240	980	14.1	885	11.1	41	40	55	56	34 35	1 0.9
1938	69,160	1,010	14.6	888	11.1	48	45	57	56	32 32	1 0.9
1939	69,580	936	13.4	908	11.1	37	38	40	42	24 26	3 3.1
1940	(c)73,830 (d)79,460	1,012	13.7	1,083	13.3	37	35	41	40	26 26	2 1.8
1941	(d)81,430	1,027	12.8	Not Published	13.4	35	32.9	79	68	42 41	5 4.1
1942	73,800	1,065	14.4		15.8	31	29.2	53	50	32 30	3 2.7
1943	68,520	1,051	14.3		13.4	35	32.2	51	49	35 33	3 2.8
1944	68,180	1,334	19.6		13.7	36	26.3	59	44	32 24	8 5.8
1945	69,070	1,246	18.1		13.8	29	23.3	70	56	33 27	4 3.1
1946	72,910	1,444	19.8	930	12.7	42	28.3	70	49	45 31	4 2.7
1947	74,160	1,428	19.2	994	13.4	34	23.2	82	57	47 33	4 2.7
1948	75,150	1,316	17.5	807	10.7	42	30.9	24	18	15 11	2 1.5
1949	76,590	1,192	15.6	993	11.7	31	25.3	30	25	21 21	1 0.8
1950	77,260	1,130	14.6	938	10.9	22	19.1	36	32	28 25	1 0.8
1951	76,200	1,098	14.4	1,060	12.5	33	29.1	33	30	24 23	0 0
1952	76,600	1,101	14.4	822	10.8	27	23.9	24	22	18 16	1 0.9
1953	76,700	1,152	15.0	1,016	11.8	20	17.0	48	42	36 31	0 0
1954	76,900	1,102	14.5	990	11.1	41	35.0	29	26	17 15	0 0
1955	77,100	1,116	14.6	956	10.6	26	22.8	19	17	12 11	1 0.9
1956	77,000	1,080	14.2	1,021	11.9	20	18.2	32	30	22 20	0 0
1957	76,900	1,171	15.2	913	10.4	24	20.1	21	18	19 16	0 0
1958	76,900	1,153	15.3	1,046	11.1	23	19.4	20	17	18 15	1 0.8
1959	77,400	1,133	14.7	1,029	11.1	35	29.9	18	16.8	18 12.3	2 1.7
1960	77,450	1,162	15.2	1,001	11.0	22	18.6	17	14.6	13 11.2	0 0
1961	78,570	1,206	15.5	1,031	10.9	28	22.7	29	24.0	24 19.9	2 1.6
1962	78,950	1,221	15.6	1,027	10.9	27	21.6	25	20.5	18 14.7	1 0.8
1963	79,590	1,324	16.4	1,112	11.9	18	13.4	21	15.9	13 9.8	0 0
1964	81,810	1,275	15.4	1,008	10.5	21	16.2	16	12.5	15 11.7	1 0.6
1965	82,370	1,374	16.5	993	10.4	27	19.3	18	13.1	14 10.2	1 0.7
1966	(e)92,350	1,401	15.4	1,137	11.0	13	9.2	24	17.1	13 9.3	1 0.7
1967	92,550	1,475	15.7	981	9.0	16	10.7	19	12.9	13 8.8	0 0
1968	93,010	1,468	15.6	1,185	10.9	21	14.1	14	9.5	9 6.1	0 0

(This table was compiled by Mr. R. W. Stiles, Chief Administrative Assistant in the Health Department.)

(a) St. Thomas incorporated within City Boundary.

(b) Heavittree Urban District incorporated within City Boundary.

(c) Extension of Boundary.

(d) War-time—Evacuees included

(e) Most of Alphington, Pinhoe and Topsham incorporated within City Boundary, 1st April 1966.

GENERAL STATISTICS

Area in acres	....	....	....	....	11,037
Population (1961 Census)	....	....	....	....	80,321
Population (Estimated Civilian) Mid-year 1968	....				93,010
Rateable Value (as at 1/4/68)	....	....	....		£5,429,442
Sum represented by a penny Rate (Estimate 1/4/68)					£22,467
Dwellings (as at 1/4/68)	....	....	....		approx. 29,517

VITAL STATISTICS 1968

Population (1968 mid-year estimate, Registrar General) 93,010

The information given here *re* births and deaths is supplied by the Registrar General.

	RATES	
	<i>Exeter.</i>	<i>England and Wales.</i>
Live Births, 1,468.		
Legitimate, total 1,336 ; male 683, female 653.		
Illegitimate, total 132 ; male 61, female 71.	1968	1968
Live Birth Rate (Crude) per 1,000 population	15.8	
Live Birth Rate (Adjusted) per 1,000 population	15.6*	16.9†
Illegitimate Live Births per cent of total live births	9.0	
Stillbirths, 21 (8 male, 13 female).		
(18 legitimate, 3 illegitimate).		
Stillbirth Rate per 1,000 total (live and still) births	14.1	14.3†
Total Live and Stillbirths, 1,489.		
Infant Deaths, 14 (Legitimate 11 : 7 males, 4 females). Illegitimate : 3 (2 male, 1 female).		
Infant Mortality Rate (Deaths of infants under 1 year, per 1,000 live births)	9.5	18.3†
Neonatal Deaths 9 (deaths of infants under four weeks) (Legitimate : 3 males, 4 females). (Illegitimate : 1 male, 1 female).		
Neonatal Mortality Rate per 1,000 live births	6.1	12.3‡
Early neonatal deaths 7 (deaths of infants under 1 week of age) (Legitimate : 2 males, 3 females). (Illegitimate : 1 male, 1 female).		
Early neonatal Mortality Rate per 1,000 live births	4.8	10.5‡
Perinatal Mortality Rate (Stillbirths and deaths of infants under one week) per 1,000 total births (live and still)	18.8	25.0‡
Maternal Deaths (including abortion)	Nil.	
Maternal Mortality rate per 1,000 total births (live and stillbirths)	Nil.	
Deaths : 1,185 (male 578, female 607)		
Death Rate (crude) per 1,000 population	12.7	
Death Rate (adjusted) per 1,000 population	10.9*	11.9†
Tuberculosis Mortality Rate per 1,000 population (Respiratory (2 males))	0.03	
(Non-respiratory (1 female))		
Deaths from Measles (all ages)	Nil.	
Deaths from Whooping Cough (all ages)	Nil.	
Deaths from Gastro-enteritis (all ages)	Nil.	
Deaths from Diphtheria (all ages)	Nil.	
Marriages : 842		
Persons marrying per 1,000 population	18.1	

* Adjusted by the use of the Registrar General's comparability factor to allow for the age and sex constitution of the population. (0.86 for death rate, 0.99 for birth rate).

† Provisional figures (Registrar General's Quarterly Return No. 480).

‡ Provisional figures (Registrar General's G.R.O. Circular 4/1969).

Table II.

MID-YEAR POPULATION. (Registrar-General's estimates).

Year	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Exeter	77,400	77,450	78,570	78,950	79,690	81,810	82,370	92,360	92,550	93,010

* Boundary extension from 1/4/66.

Table III.MARRIAGES
(REGISTRAR GENERAL'S FIGURES)

YEAR	EXETER		ENGLAND AND WALES
	Number of Marriages	Persons marrying per 1,000 Population	Persons marrying per 1,000 Population
1959	627	16.2	15.0
1960	621	16.0	15.0
1961	646	16.4	15.0
1962	629	15.9	14.9
1963	612	15.4	14.9
1964	640	15.6	15.1
1965	626	15.2	15.5
1966	748	16.6	16.0
1967	793	17.1	15.9
1968	842	18.1	—

This table shews that the marriage rate in Exeter has been rather higher than in England and Wales as a whole and that it has gone up in recent years.

EMPLOYMENT

I am indebted to Mr. F. W. Morrish, Manager of the Exeter Employment Exchange, for the following note :—

“ The estimated insured working population in the Exeter Employment Exchange area in June 1967 was 48,505 (30,137 males, 18,368 females), compared with 48,537 (29,724 males and 18,813 females) in June of the previous year.

“ The area remains predominantly dependent for employment on the Service group of industries which include, among others, Public Administration, Education, Hospital Services, Distribution, Transport and Communications and Commercial activities. This sector, together with Construction, provides employment for upwards of 38,000 people, or about 80% of the total insured working population. Manufacturing industries, on the other hand, employ some 7,800 people, representing only 16% of the total (which is low by comparison with the national average of 38% and an average of 31% in the South Western Region). Extractive industries, i.e. Agriculture, Forestry, Quarrying, etc., account for the remaining 4% of the working population.

“ In common with the national trend, unemployment in Exeter persisted at a higher level in 1968 than in previous years. In January, numbers unemployed stood at 1,296—an unemployment rate of 2.7% compared with a national figure at that time of 2.9%. By July, numbers unemployed had dropped, largely through seasonal influences, to 997, but by the end of the year had increased again to 1,167. The higher levels of unemployment have involved men to a greater extent than women. Throughout, the degree of unemployment among young persons has been low and school leavers were fairly quickly absorbed into employment.

“ Despite the somewhat difficult employment situation which generally obtained during 1968, the employment services provided by the Employment Exchange have been active, and were instrumental in finding employment for some 3,700 people during the year. A record number of 452 disabled persons were resettled in employment and the specialist services provided by the Professional and Executive Register met with an encouraging degree of success.

“ At the end of the year there were 1,063 unfilled vacancies on record at the Employment Exchange—322 for men, 91 for boys, 521 for women and 129 for girls.”

BIRTHS

During 1968, 2,699 live births and 44 stillbirths took place in the City. 3 were notified by doctors and the rest by midwives. Additionally, 12 births were “ transferred in ”.

Table IV.

Notifications of Births which took place in Exeter.

PLACE OF BIRTH	EXETER RESIDENTS		EXETER NON-RESIDENTS		TOTAL	
	Live births	Still births	Live births	Still births	Live births	Still births
Domiciliary	254	3	5	—	259	3
Hospitals	1,190	18	1,181	23	2,371	41
Mother and Baby Homes	6	—	43	—	49	—
H.M. Prison	3	—	17	—	20	—
TOTALS	1,453	21	1,246	23	2,699	44

Transfers in of Births (i.e. born elsewhere than in the City to a mother normally domiciled in Exeter) :

Domiciliary	3	} 12—all live born and all notified by the Registrar General.
Hospital	6	
Nursing Homes	2	
Mother and Baby Homes	1	

There was, therefore, a total of 1,486 babies, including 21 stillbirths and 15 twins, born to Exeter mothers in 1968. 260 (17%) took place at home (including 1 twin) and 1,226 (83%) in hospital, etc.

Birth Rate.

The Registrar General's return to us for the purposes of this annual report gives the number of births to Exeter mothers occurring during 1968 as 1,489, including 21 stillbirths.

Table V.
ILLEGITIMATE BIRTHS
(REGISTRAR GENERAL'S FIGURES)

YEAR	EXETER			ENGLAND AND WALES		
	Total Live Births	Illegitimate	%	Total Live Births	Illegitimate	%
1957	1,114	57	4.8	723,298	34,562	4.8
1958	1,163	63	5.4	740,715	36,164	4.9
1959	1,133	63	5.5	748,501	38,161	5.1
1960	1,162	62	5.3	785,005	42,707	5.4
1961	1,206	81	6.7	811,281	48,400	6.4
1962	1,221	96	7.9	838,736	55,336	7.0
1963	1,324	92	6.9	854,055	59,104	6.9
1964	1,275	112	8.8	875,972	63,340	7.2
1965	1,374	103	7.5	862,725	66,249	7.7
1966	1,401	115	8.2	849,823	67,056	7.8
1967	1,475	156	10.6	832,164	69,928	8.4
1968	1,468	132	9.0	819,275	N.A.	N.A.

* estimated. N.A.—Not Available.

Table VI.
LIVE BIRTH RATE
(The number of live births during the year per 1,000 population)

Year	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Live Birth Rate : England and Wales ...	16.5	17.1	17.5	17.9	18.1	18.4	18.0	17.7	17.2	16.9
Live Birth Rate : (crude)	14.6	15.0	15.3	15.5	16.5	15.6	16.7	15.6	15.9	15.8
Exeter : (corrected)†	14.7	15.2	15.5	15.6	16.4	15.4	16.5	15.4	15.7	15.6
Illegits. as percentage of total live births : Exeter ...	5.5	5.3	6.7	7.9	6.9	8.8	7.5	8.2	10.6	9.0
England and Wales ...	5.1	5.4	6.0	6.6	6.9	7.2	7.7	7.8	8.4	N.A.

†Corrected by the R. G.'s comparability factor (0.99 in 1968).

N.A.—Not Available.

CONGENITAL ABNORMALITIES—1968

Congenital abnormalities were found in 1 stillborn infant, 6 infants who died at under 1 year old and 40 others who were born during the year. Details are set out below :—

Stillbirths.	Infants with congenital abnormalities.	
21 (P.Ms 18)*	1 (4.7%) (P.Ms 1)	{ Multiple congenital abnormalities. spina bifida, hydrocephalus, heart malformations, ossification defect of frontal bones. Bilateral talipes).

~~Stillbirths.~~	<i>Infants with congenital abnormalities.</i>		
<i>Infant Deaths.</i>			
14 (P.Ms 12)	6 (43%) (P.Ms 5)	{ spina bifida } meningomyelocele } hydrocephalus }	4
(1 child was born Dec. 1967. Died at 3 months. Acute tracheo- bronchitis).		{ Imperforate anus and oesopha- geal atresia } congenital heart defect }	1 1
<i>Survivors at end of year.</i>		{ congenital heart conditions } talipes } hypospadias } spastic } spina bifida and meningocele } spina bifida occulta } congenital dislocation of the hip } eye defects } various }	4 10 2 1 1 1 4 4 13
1,440	40		
Total births live (1,468) and still (21)			= 1,489
Total infants with recognised substantial congenital defects			= 47
Rate per 1,000 total births			= 31.6

The rate per 1,000 births is somewhat lower than in 1967 (37).

* P.Ms=Post-mortem examinations.

Six babies were born with spina bifida and meningoccele, the same number as last year. Only one has survived, and has now a severe degree of hearing loss. All cases listed as "talipes" have been treated in the Princess Elizabeth Orthopaedic Hospital.

The department continues to co-operate in the 10-year survey of congenital abnormalities now being carried out by Dr. Brimblecombe and Dr. Mary Vowles in the Paediatric Research Unit at the City Hospital. During the year Dr. I. V. Ward retired as Assistant Medical Officer of Health, Exeter, and joined the research team.

DEATHS

There were 1,185 deaths registered in 1968. The main causes are shewn in Table VII supplied by the Registrar General. It is often difficult to match our assignments with the Registrar General's, which are used in this report (unless otherwise stated) and this year has proved no exception. The revised table lists a total of 65 causes and these were only known to the department in December 1968; our own classification was based on the old abridged list of 36 causes, and so it has not been possible to match the two tables.

CERTIFICATION

Deaths in the City of Exeter of persons normally residing outside the area, are not generally assigned to Exeter unless death occurs after six months' stay in one of the hospital units regarded by the Registrar General as long-stay units.

DISTRIBUTION OF DEATHS BY AGE AND CAUSE.
REGISTRAR GENERAL'S FIGURES 1968.

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Table VII.—continued.

CAUSE OF DEATH	Under 4 weeks		4 weeks & under 1 year		1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		75 and Over		Total		Grand Total	1967* Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
B.30 Cerebrovascular disease	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	3	10	8	17	27	29	45	57	84	141	117
B.46 (5) Other diseases of circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	7	11	18	29	45	72	60	
B.31 Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	6	1	
B.32 Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32	30	40	70	59	
B.33 (1) Bronchitis and emphysema	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	30	12	42	41	
B.33 (2) Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (6) Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.34 Peptic ulcer	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.35 Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.36 Intestinal obstruction and hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.37 Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (7) Other diseases of digestive system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.38 Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.39 Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (8) Other diseases, genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.40 Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.41 Other comps., pregnancy and childbirth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (9) Diseases of skin, subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (10) Diseases of musculo-skeletal system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.42 Congenital anomalies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.43 Birth injury, difficult labour, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.44 Other causes of perinatal mortality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.45 Symptoms and ill-defined conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.47 Motor vehicle accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.48 All other accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.49 Suicide and self-inflicted injuries	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.50 All other external causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	4	5	5	—	3	—	3	1	9	5	9	3	6	4	38	30	118	66	153	128	230	365	607	1,185	915	915

† = 66 (total)

N.C.F. = No comparable figures.

* In the Report for 1967, the Registrar General's Abridged List of 36 causes was used, whereas the above table is the newly adopted International Abbreviated List of 60 causes (with some sub-divisions). Direct comparison between the two years is not for all causes practicable.

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MOTOR VEHICLE ACCIDENTS

There were 12 deaths (9 males and 3 females)—1 less than in 1967. No less than 9 were pedestrians knocked down by vehicles ; viz. men aged 22, 43, 49, 79, 84 and 85, and a girl aged 15, a young mother aged 24 and an elderly woman aged 81. 2 men drivers aged 29 and 63 died as a result of motor vehicle collisions, and one a passenger aged 81 was killed when the car left the road.

OTHER ACCIDENTAL DEATHS

The Registrar General assigned 34 deaths (17 men, 17 women) to accidents other than motor vehicle accidents ; there were 23 such deaths in 1967. Included here was one man (aged 29) who was run over by his own farm tractor moving unexpectedly, but this has been classified as " other " accident.

Our own classification (which I must say differs from the Registrar General's) indicated 33 deaths (including the man mentioned above) from the following causes :—by drowning 4 (a boy aged 10, men aged 16 and 21 and a woman 78) ; by falls 18 (8 males, 12 females) of whom 15 were aged 68 or over ; 1 man, aged 24, fractured his skull in a cycling accident ; 2 men (45 and 55) were struck by a train whilst working on the line ; 1 female (78) died from coal gas poisoning, 1 (85) died when her dressing gown caught fire at home, and another woman (74) died of asphyxia following an operation. ; 2 male infants (2 months and 3 months) died of asphyxia (aspiration of vomit) ; a man (26) was hypersensitive to aspirin ; 1 man (42) died by combined alcohol and mandrax poisoning and 1 man (62) was crushed when a jack slipped whilst he was working underneath his car. Our figures shew that 94% of the accidental deaths in women occurred at 70 years of age or over, compared with 18% among the men.

SUICIDES

There were 10 suicides in Exeter residents (5 males, 5 females), 2 more than 1967. The age grouping of suicides in Exeter residents during the past 11 years is shown below (Registrar General's returns).

Table VIII.
SUICIDES

Year		Age and Sex Distribution												Total		
		5—14		15—24		25—44		45—64		65—74		75 and over				
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1958		—	—	1	—	1	2	1	3	3	—	—	1	6	6	12
1959		—	—	—	—	—	1	1	1	—	—	1	2	2	4	6
1960		1	—	1	—	2	1	1	1	1	—	1	—	7	2	9
1961		—	—	—	—	2	1	1	—	1	1	—	1	4	3	7
1962		—	—	—	—	1	1	4	5	3	2	1	—	9	8	17
1963		—	—	1	—	2	2	5	4	—	1	1	1	9	8	17
1964		—	—	1	—	—	—	1	2	2	2	3	1	7	5	12
1965		—	—	—	—	3	—	4	2	1	1	—	2	8	5	13
1966		—	—	—	1	—	—	4	3	1	1	1	1	6	6	12
1967		—	—	1	—	—	1	2	2	—	1	1	—	4	4	8
1968		—	—	2	—	1	—	2	4	—	1	—	—	5	5	10
Total		1	—	7	1	12	9	26	27	12	10	9	9	67	56	123

Table IX.

DEATH RATE

(The number of deaths *registered* during the year per 1,000 population)

Year	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
England and Wales	11.6	11.5	11.9	11.9	12.2	11.3	11.5	11.7	11.2	11.9
Exeter										
Crude	13.3	12.9	13.1	13.0	14.0	12.3	12.1	12.6	10.6	12.7
Adjusted*	11.1	11.0	10.9	10.9	11.9	10.5	10.4	11.0	9.0	10.9

* Adjusted by application of the Registrar-General's comparability factor (which is at present 0.86); this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

Table X.

DEATHS BY SEX, AND CERTAIN AGE GROUPS.

DEATHS AT:	1968			1967			1966*		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14	21	15	6	26	14	12	40	22	18
15—64	288	180	108	261	144	107	283	173	110
65 and over	876	383	493	704	314	390	814	314	500
	1,185	578	607	991	472	509	1,137	509	628

* Extension of boundary, April 1966.

Table XI.

DEATHS AT ALL AGES (1959—1968).

	1959	1960	1961	1962	1963	1964*	1965	1966	1967	1968
CAUSE:										
Infective	69	52	77	79	99	70	56	71	71	81
Cancer	183	194	194	202	188	212	211	243	185	238
Degenerative	588	556	528	533	576	552	552	593	535	678
Others	189	199	232	213	249	174	174	230	190	188
TOTAL	1,029	1,001	1,031	1,027	1,112	1,008	993	1,137	981	1,185

In 1968 in this table : " Infective " includes Causes 1—18, 31 and 32.

" Cancer " includes Causes 19 (1) to 19 (6).

" Degenerative " includes Causes 21—30 and 46 (5).

" Others " all the rest of the 50 Causes given in the Registrar General's short classification of causes of deaths (1968).

For previous years, see notes in previous reports.

* These figures correct those given in the 1964 Report.

MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table gives useful information regarding child-bearing and infancy for the past 25 years :—

Table XII.
MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER
1944 — 1968.

Year	Maternal Deaths	Maternal Mortality Rate	Live Births	Stillbirths	Live Birth Rate (adjusted)	Stillbirths Rate per 1,000 Live and Stillbirths	Neonatal Deaths (i.e. under 1 month)	Deaths over 1 month and under 1 year	Infant Mortality Rate per 1,000 live births	Stillbirths and neonatal deaths	Perinatal Death Rate*	5 year average centred on year concerned.
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63	46	53
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66	52	52
1946	4	2.7	1,444	42	19.8	28.3	45	25	48.5	67	45	48
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81	55	48
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57	42	46
1949	1	0.8	1,192	31	15.6	25.3	25	5	25.2	56	46	47
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50	43	44
1951	—	—	1,098	33	14.4	29.1	24	9	30.0	57	50	46
1952	1	0.9	1,101	27	14.4	23.9	18	6	21.8	45	40	46
1953	—	—	1,152	20	15.0	17.0	36	12	41.6	56	48	
1954	—	—	1,102	41	14.5	35.0	17	12	26.3	58	51	
1955	1	0.9	1,115	26	14.6	22.8	12	7	17.0	38	32*	
1956	—	—	1,021	20	14.2	18.2	22	10	29.6	42	36	
1957	—	—	1,171	24	15.2	20.1	19	2	17.9	36	34	35
1958	1	0.8	1,163	23	15.3	19.4	18	2	17.2	38	32	34
1959	2	1.7	1,133	35	14.7	29.9	14	4	15.5	48	40	35
1960	—	—	1,162	22	15.2	18.6	13	4	14.6	34	29	35
1961	2	1.6	1,206	28	15.5	22.7	24	5	24.0	52	39	33
1962	1	0.8	1,221	27	15.6	21.6	18	7	20.5	45	34	30
1963	—	—	1,324	18	16.5	13.4	13	8	15.9	31	23	30
1964	1	0.8	1,275	21	15.4	16.2	15	1	12.5	36	25	25
1965	1	0.7	1,374	27	16.5	19.3	14	4	13.1	41	28	22
1966	1	0.7	1,414	13	15.4	9.2	13	9	17.1	26	17	22
1967	—	—	1,475	16	15.7	10.7	13	6	12.9	29	19	
1968	—	—	1,468	21	15.6	14.1	9	5	9.5	30	19	

*Perinatal deaths here include stillbirths and deaths within 28 days of birth, up to and including 1954. Since then, stillbirths and deaths within 7 days of birth only, have been included as perinatal deaths.

MATERNAL MORTALITY

There were no "maternal deaths" of Exeter mothers during 1968.

LOSS OF INFANT LIFE

There were 14 infant deaths under the age of 1 year in 1968 ; 5 died within the first day of life and 4 more within the first four weeks.

A. NEONATAL DEATHS (i.e. under 4 weeks).

Total 9 deaths.

<i>Causes of deaths :</i>	<i>Under 1 day</i>	<i>1-28 days</i>	<i>P.M. made</i>
Congenital anomalies	2	2	3
Prematurity	3	1	3
Respiratory	—	1	1
Totals	5	4	7

B. DEATHS IN CHILDREN AGED 4 WEEKS TO 1 YEAR.

Total 5 deaths.

Causes of deaths :

Congenital heart defect	1
Prematurity	1
Respiratory infection	1
" Cot deaths "	2
Total	5

A premature baby died at 7 weeks, but had never returned home from the hospital premature unit.

The 2 " cot deaths " were in babies aged 2 and 3 months found dead at home in their cots ; they were attributed to asphyxia following aspiration of vomit.

STILLBIRTHS, 1968

There were 21 stillbirths in 1968 giving a stillbirth rate of 14.1 per 1,000 total births registered in the year. The provisional rate for England and Wales was 14.3.

PREMATURE OR LOW-WEIGHT STILLBIRTHS. (Weight 5 lbs. 8 ozs. or less.)

10 of the stillbirths were in this group, weighing between 1 lb. 12 ozs. to 5 lbs. 8 ozs. 6 of them weighed between 3-4 lbs.

The causes of death were :—

Congenital abnormalities	1
Anoxia	3
Ante-partum haemorrhage	1
*Rubella infection ?	1
Hydrocephalus	1
Cause unknown	3
	10

* One mother whose baby was stillborn, had as a probable rubella contact, been given gamma globulin at 10 weeks of pregnancy.

Table XIII.
INFANT DEATHS IN 1968

CAUSES OF DEATH	Total	NEONATAL		1st YEAR		Male	Female	Legitimate	Illegitimate	Complicated Pregnancy	Complicated Labour	PLACE IN FAMILY						P.M. Exams.
		Under 1 day	1-28 days	1-3 months	3-12 months							1	2	3	4	5	6	7
Congenital anomalies ...	5	2	2	—	1	3	2	4	1	3	1	—	2	1	1	—	—	1
Prematurity ...	5	3	1	1	—	2	3	4	1	2	4	4	1	—	—	—	—	4
Respiratory ..	2	—	1	—	1	2	—	1	1	2	2	1	—	1	—	—	—	2
Accidental ("cot deaths")	2	—	—	2	—	2	—	2	—	1	—	1	—	1	—	—	—	2
Totals	14	5	4	3	2	9	5	11	3	8	7	6	3	3	1	—	—	1
																		12

XIV. STILLBIRTHS, 1968

WEIGHT	Total	Male	Female	Illegitimate	Born at home	Born in G.P. Unit	Born in Specialist Unit	Complicd. pregnancy	Complicd. labour	Post mortem Exam.	No ante-natal care	CAUSES							
												Congenital Anomalies	Toxaemia	Anoxia	Antepartum haemorrhage	Birth injury	Cause unknown	Rubella	Hydrocephalus
2 lbs. 3 ozs. or less	1	1	—	—	—	—	1	1	1	1	—	—	—	—	—	—	—	1	
Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs.	3	1	2	2	1	—	2	1	—	2	1	—	1	1	—	1	—	—	
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	4	2	2	—	1	1	2	1	1	3	1	—	—	1	—	2	1	—	
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	2	2	—	—	—	—	2	—	—	1	—	1	—	1	—	—	—	—	
Over 5 lbs. 8 ozs.	11	2	9	1	1	—	10	8	3	11	1	—	2	3	2	1	3	—	
Totals	21	8	13	3	3	1	17	11	5	18	3	1	2	6	3	1	6	1	
		21																31	

Table XV.
"PREMATURE" LIVE AND STILLBIRTHS, 1968.

Notified Premature Still-births			PREMATURE LIVE BIRTHS																
Born to Mowbray Hosp.	Born at home	Born in City Hospital	Weight	Born at	Survivors at end of 1968	Deaths during 1968—Age at death.			Believed causes of Prematurity.										
						Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Twins	Toxaemia	Small Full-Term	Mother's Illness	A.P.H.	Disproportion L.S.C.S.	Rhesus Incomp.	Placental Insuff.	Not known		
—	—	1	— 2 lbs. 3 ozs.	— 4	1	1	1	— 1	—	—	—	—	—	—	—	—	2	—	2
—	1	2	2 lbs. 3 ozs. 3 lbs. 4 ozs.	— 6	4	1	1	— —	—	—	—	—	—	2	—	—	—	—	4
1	1	2	3 lbs. 4 lbs. 4 ozs. 6 ozs.	1 15	15	—	1	— —	2	5	2	—	4	—	—	—	—	1	2
—	—	—	4 lbs. 4 lbs. 6 ozs. 15 ozs.	2 18	20	—	—	— —	3	4	4	—	—	—	—	3	2	1	3
—	—	2	4 lbs. 5 lbs. 15 ozs. 8 ozs.	9 51	59	1	—	— —	4	7	15	2	3	—	—	1	3	—	25
1	2	7	TOTALS	12 94	99	3	3	— 1	9	16	21	2	9	4	7	2	—	36	

FULL-TERM STILLBIRTHS. (Weight more than 5 lbs. 8 ozs.)

11 of the stillborn babies weighed more than 5 lbs. 8 ozs. ; the biggest, 9 lbs. 7 ozs., was delivered by a mother who was diabetic and hydramnio, death being due to anoxia.

The causes of stillbirth were :—

Toxaemia in mother	....	....	2
Anoxia	....	....	3
Ante-partum haemorrhage	....	....	2
Birth injury	...	....	1
Cause unknown	....	....	3
			—
			11
			—

PERI-NATAL MORTALITY, 1968

Peri-natal deaths numbered 27 (21 stillbirths and 6 deaths within the first week of life), the peri-natal mortality rate being 18.8 per 1,000 total births. (25.0 in England and Wales.)

The causes of the 27 deaths were :—

Congenital anomalies	....	4	Anoxia in newborn	....	6
Prematurity	....	3	Antepartum haemorrhage	....	3
Respiratory	....	1	Birth injury	...	1
Toxaemia of pregnancy	....	2	? Rubella	....	1
			Cause unknown	....	6

CANCER

DEATHS

During 1968, 238 deaths of Exeter residents were certified as primarily due to cancer, compared with 185 deaths in 1967 (which was the lowest number since 1959). Deaths from cancer of the lung increased to 59 (48 men and 11 women), the highest ever. Cancer of the stomach killed 9 more than in 1967, but not more than in 1966. Cancer of the breast and cancer of the womb caused fewer deaths than in the previous year, repeating last year's trend. "Other" cancers accounted for 121 deaths compared with 79 in 1967 and 129 in 1966.

REGISTRATION

The registrations by the Regional Cancer Bureau of cancer among Exeter residents in **1967** are set out in the table kindly sent to me by Professor Milnes Walker, Director of the Bureau. These notifications are believed to be fairly comprehensive, and refer to patients seen by doctors. They numbered 394, 18 more than in **1966**. Two-thirds of them referred to persons over 60 years old. The number of breast cancers registered showed a welcome reduction. Cancers of the respiratory system (63) registered showed a sharp increase over the 1966 figure (45), but this latter was lower than in the previous three years ; still the trend is upward ; three-quarters of these registrations refer to patients aged 60 and over.

The registrations, by site, during the last ten years are set out in table XVII.

Table XVI.
EXETER RESIDENTS
CANCER CASES REGISTERED 1967

		Under 15	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70—74	75+	TOTAL	TOTAL M. & F. 1967 1966	
140—148																		
Buccal cavity	M	—	—	—	—	—	—	1	1	1	—	3	2	1	2	11	} 15	5
& Pharynx	F	—	—	—	—	—	—	—	—	—	1	1	—	—	2	4		
150—159																		
Digestive organs	M	—	—	—	1	—	—	—	2	6	2	7	3	2	9	32	} 86	105
& Peritoneum	F	1	—	—	—	—	—	—	3	3	5	8	11	9	14	54		
160—165																		
Respiratory	M	—	—	—	—	—	—	1	1	4	6	10	11	10	8	51	} 63	45
system	F	—	—	—	—	—	—	1	—	1	1	3	1	2	3	12		
170																		
Breast	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	} 40	50
	F	—	—	—	—	2	1	4	4	4	7	4	5	2	7	40		
171—181																		
Genito-urinary	M	—	—	—	—	1	—	2	4	2	—	2	2	2	14	29	} 94	86
Organs	F	—	—	1	4	6	9	6	5	4	4	7	4	8	7	65		
190—191																		
Skin	M	—	—	—	—	—	—	—	1	5	3	7	8	2	13	39	} 66	47
	F	—	—	—	—	—	—	1	1	—	—	5	6	4	10	27		
192—199																		
Other &	M	—	—	—	—	—	1	—	—	1	1	1	3	1	—	8	} 15	23
unspecified sites	F	—	—	—	—	—	—	—	1	—	1	2	1	—	1	7		
200—205																		
Lymphatic &	M	—	—	—	1	—	—	—	—	1	1	2	1	—	—	6	} 15	15
haematopoietic	F	—	—	—	—	—	—	—	—	1	—	1	3	—	4	9		
140—205																		
TOTAL	M	—	—	—	2	1	1	4	9	20	13	32	30	18	46	176	} 394	376
	F	2	—	1	4	8	10	12	14	13	19	31	31	25	48	218		
TOTAL M & F		2	—	1	6	9	11	16	23	33	32	63	61	43	94			

Table XVII.
EXETER RESIDENTS
CANCER REGISTRATIONS, 1958-1967

SITE		1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Buccal cavity & Pharynx	M	5	5	6	6	6	6	6	5	3	11
	F	3	—	4	2	1	—	4	2	2	4
Digestive organs & Peritoneum	M	27	27	44	36	35	36	48	53	50	32
	F	28	40	21	27	48	30	49	45	55	54
Respiratory system	M	31	37	28	27	29	42	41	48	39	51
	F	5	2	4	6	8	7	10	6	6	12
Breast	M	2	—	—	—	—	—	—	—	1	—
	F	30	33	26	28	42	39	23	37	49	40
Genito-urinary Organs	M	18	21	25	25	24	21	25	28	36	29
	F	23	35	27	27	36	33	28	39	50	65
Skin	M	19	32	20	13	15	19	12	24	25	39
	F	11	9	9	21	14	12	10	20	22	27
Other & unspecified sites	M	4	5	13	9	9	7	7	5	9	8
	F	3	4	5	5	11	5	6	8	14	7
Lymphatic & haematopoietic tissues	M	5	5	3	4	5	6	6	8	7	6
	F	3	2	10	8	8	6	2	4	8	9
TOTAL	M	111	132	139	120	123	137	145	171	170	176
	F	106	125	106	124	168	132	132	161	206	218
TOTAL	M & F	217	257	245	244	291	269	277	332	376	394
Total Deaths from Cancer (R.G.'s figures)		189	183	194	194	202	188	212	211	243	185
Population of City (R.G.'s figures)		76,900	77,400	77,450	78,570	78,950	79,690	81,810	82,370	92,360	92,550

EXETER PUBLIC WATER SUPPLY
BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1968.
(EXAMINED BY PUBLIC HEALTH LABORATORY.)

WATER AFTER TREATMENT	No. of Samples	Presumptive B. Coli count per 100 millilitres				
		0	1-2	3-10	11-50	50+
(A) AT TREATMENT WORKS : Pumping Main	126	126	—	—	—	—
(B) ON CONSUMERS' SUPPLY : Danes Castle Reservoir Zone	103	100	1	2	—	—
Belvidere Reservoir Zone	67	65	2	—	—	—
Marypole Head Reservoir Zone	69	68	—	1	—	—
Barley Lane Reservoir Zone	48	47	1	—	—	—
Stoke Hill Reservoir Zone	58	51	5	1	1	—
TOTAL	471	457	9	4	1	—

In addition 26 samples of Raw Water were examined—generally these shewed gross pollution (500 to 18,000 presumptive B. Coli per 100 ml.).

The Committee decided to take no action in regard to artificial fluoridation of the water supply. The water supply is not plumbo-solvent. The Water Board and its officers (in particular the Engineer, Mr. E. C. Gordon, and the Chemist at Pynes Water Works (Mr. W. Carr) have been responsive to requests for information and to observations made about purification of the Exeter supply.

Mr. E. C. Gordon, the Chief Engineer, has kindly given me the following notes :—

“The public water supply has been adequate at all times and the bacteriological examination of 1,525 samples taken from sources of supply, reservoirs and the distribution system has confirmed the satisfactory quality of the supply.

Further attention has been given to the thorough cleansing of the water mains by means of plastic foam swabs, together with the draining down and cleaning out of several service reservoirs. This has enabled a higher rate of chlorination to be successfully employed to deal with an infestation of small organisms, living in the distribution system, in the St. Thomas' area.

The further result of these efforts has been that a small “chloramine” residual can now be maintained as far as the service reservoir, thus providing an improved safeguard to the purity of the supply.

The results of sampling generally reflect this improvement in standards, although slight contamination by surface water

was found to be affecting water in the Stoke Hill reservoir ; this has been dealt with by improvement to the access covers.

The raw water abstracted from the River Exe has not always been in a suitable state for treatment. High turbidity, resulting from excavations in the river bed at Tiverton, required increases in the use of chemical coagulants. A release of factory effluent, ponded in the mill leat at Tiverton during the course of the works, caused serious pollution of the river and fish mortality. However, warning was received from the River Authority and the intake to the treatment works was shut down when samples indicated that detergent and high caustic alkalinity was present in the water. There is reason for satisfaction that, because Exeter has been so well provided with reservoir storage, it was possible to shut down the works for a period of sixteen hours instead of having to treat a heavily polluted water. This meant that the loss of 4,000,000 gallons of output had to be sustained without emptying the reservoirs.

Corrective treatment of the water supply is being carried out to render it non-corrosive to lead or copper. This requires the addition of lime. The water is disinfected by dosing with chlorine and ammonia ; fluoridation has not been introduced.

Work is currently in hand on the reconstruction of the large service reservoir at Danes Castle, which was built in the 19th century. An administrative building at the Pynes Works has been completed which will house the Chemist's laboratory and the new instrument panels for the centralised control of the treatment works. Steps are in hand to improve the efficiency of the filters by the use of modern anthracite media.

The Board has made new Byelaws for the prevention of waste, mis-use and contamination of water."

EXETER PUBLIC WATER SUPPLY

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1968.
(EXAMINED BY EAST DEVON WATER BOARD LABORATORY AND
PUBLIC HEALTH LABORATORY.)

SOURCE OF SAMPLE	Total No. Examined	No. showing Coliforms in 100 mls.	No. showing E. Coli in 100 mls.	PERCENTAGE OF SAMPLES FREE FROM	
				Coliforms	E. Coli.
PYNES WORKS :				%	%
Sedimentation Tk. Inlet ..	49	24	10	51.0	79.6
Sedimentation Tk. Outlet ..	182	18	—	90.1	100.0
Pressure Filters Outlet	56	—	—	100.0	100.0
Final Treated Water	275	1	—	99.6	100.0
SERVICE RESERVOIRS :					
Upton Pyne Reservoir	52	—	—	100.0	100.0
Stoke Hill Reservoir	162	18	5	88.8	96.8
Belvidere Reservoir	105	—	—	100.0	100.0
Marypole Head Reservoir ..	105	3	—	97.1	100.0
Danes Castle Reservoir	110	3	—	97.3	100.0
Barley Lane Reservoir	101	—	—	100.0	100.0
Highfield Tower, Topsham ..	29	2	—	93.1	100.0
Sunhill Tower, Topsham	33	5	—	84.8	100.0
DISTRIBUTION SYSTEM :	266	9	5	96.5	98.1
TOTALS	1,525	82	20	94.6	98.7
NEW MAIN STERILIZATION SAMPLES	55	25	1	54.5	98.1

PYNES WATER WORKS, EXETER.

ANALYSIS	CHEMICALS IN PARTS PER MILLION			
	Raw Water Sample 1.4.68 9.30 a.m.	Final Treated Water 1.4.68 9.45 a.m.	Raw Water Sample 4.12.68 11.45 a.m.	Final Treated Water 4.12.68 9.40 a.m.
BACTERIOLOGICAL EXAMINATION :				
Nutrient Agar at 37°C. 48 hours	960	0	1,720	3.3
Coliform Organisms, per 100 mls.	9,000	0	9,000	0
Bact. Coli. Type 1, per 100 mls.	9,000	0	9,000	0
PHYSICAL CHARACTERS :				
Colour (Hazen)	5	< 5	15	< 5
Turbidity	4.75	0.1	29	0.5
pH	7.6	8.1	7.6	8.25
Conductivity 25°C. (umhos)	150	170	140	180
E.M.A.H. + ...	0.80 me/l	0.94 me/l	0.8 me/l	0.98 me/l
E.M.A.Ag. + ...	0.40 me/l	0.42 me/l	0.46 me/l	0.58 me/l
CHEMICAL ANALYSIS (in mgm. per litre) :				
Free Carbon Dioxide (CO ₂)	1.0	0.4	1.5	0.5
Total Alkalinity (CaCO ₃)	31.0	36.0	32.0	36.0
Caustic Alkalinity (as CaCO ₃)	Nil	Nil	Nil	Nil
Ammoniacal Nitrogen	0.08	0.05	0.14	0.10
Albuminoid Nitrogen	0.14	0.07	0.17	0.14
Nitrite Nitrogen	0.011	Nil	0.011	Nil
Nitrate Nitrogen	1.61	1.38	1.84	1.47
Oxygen Absorbed (4 hrs. at 26.7°C.)	0.9	0.15	2.05	0.75
Carbonate Hardness (E.D.T.A.)	31.0	36.0	32.0	36.0
Non-Carbonate Hardness (E.D.T.A.)	23.0	28.0	20.0	24.0
Total Hardness (E.D.T.A.)	54.0	64.0	52.0	60.0
Total Solids (dried at 180°C.)	94.6	107.0	88.0	114.0
Calcium (Ca)	13.6	16.8	14.4	16.8
Magnesium (Mg.)	4.8	5.28	3.84	4.32
Sodium (Na) } as Na	11.5	11.1	9.67	12.3
Potassium (K)				
Carbonate (CO ₃)	18.6	21.6	19.2	21.6
Sulphate (SO ₄)	13.9	15.4	15.8	23.0
Chloride (Cl)	14.2	18.5	11.4	14.15
Nitrate (NO ₃)	7.0	6.0	8.0	6.4
Fluoride (F)	< 0.1	< 0.1	0.1	0.1
Silica (SiO ₂)	5.0	3.0	< 1.87	< 1.25
Aluminium (Al)	trace	Nil	Nil	0.01
Manganese (Mn)	trace	Nil	0.3	Nil
Iron (Fe)	0.10	trace	0.45	0.14
Residual Chlorine : Free	—	0.4	—	0.45
		The chemical and bacteriological quality of this water is satis- factory.		This water is chemically and bacterio- logically satis- factory.

PRIVATE DOMESTIC WATER SUPPLIES

11 properties rely on springs or well water for their water supply ; 1 of these remained unoccupied throughout the year. Reports on the water from 5 of these properties indicated pollution and the owners were advised to boil all water before drinking and to consider the fitting of a filter. 3 properties in Alphington were being considered for connection to the main supply, but this has been deferred for the time being as it is possible that they will be demolished to make way for road building works in the area. 1 other property in Alphington now has its own chlorinating plant.

SEWERAGE AND SEWAGE DISPOSAL

The City Engineer and Surveyor (Mr. J. BRIERLEY, O.B.E., F.I.C.E., M.I.MUN.E., M.T.P.I., F.G.S.) has kindly supplied the following information :—

MAIN DRAINAGE

A scheme for the construction of a trunk surface water sewer to remove the recurrent flooding nuisance at the Digby Hospital was commenced and completed during the year. The contract for the laying of a trunk foul sewer to serve the Exwick areas was satisfactorily completed and the sewage pumping station at Western Road was thereby made redundant and was dismantled.

At Pennsylvania Road a section of 15-inch drain surface water sewer was installed to prevent flooding which had previously occurred at Argyll Road, and at Bungalow Lane a similar scheme was undertaken involving the laying of 24-inch diameter pipes. Extensions of existing surface water sewers were carried out at Barrack Road and Salters Road.

Under annual maintenance work portions of defective foul sewers were relaid at Alphington Road, Preston Street, Victor Street, Wonford Road, Barnfield Road and at Ferry Road and Lower Shapter Street, Topsham. Repairs to surface water sewers have been carried out at Brodick Close and Ferry Road, Topsham. A number of brick-barreled sewers collapsed and were repaired at Longbrook Street, Mount Pleasant Road and Pennsylvania Road.

SEWAGE DISPOSAL

The main contract for the reconstruction of the Sewage Works is now proceeding. The heated sludge digestors will be completed in 1969 and the treatment plant is due for completion in 1970.

SWIMMING BATHS

In Exeter there are 1 Council-owned swimming bath, 16 pools in schools (including 9 in council schools), 1 at Ellen Tinkham House, 1 in a hospital and 1 at a country club.

In all, 42 water samples were taken for bacteriological examination ; of these 3 were of the water in the Public Baths (all clear), 3 samples proved to be unsatisfactory and appropriate advice was given by the public health inspectors ; satisfactory samples were subsequently obtained.

Sampling of the water in the Public Baths for free and residual chlorine content was carried out by the Baths Staff at least twice a day.

ANNUAL REPORT
OF THE
CHIEF PUBLIC HEALTH INSPECTOR
(F. G. DAVIES, F.R.S.H., F.A.P.H.I., A.M.I.P.H.E.)

PART I

GENERAL COMMENT

INTRODUCTION

The establishment was brought up to full strength; Miss Y. Fitzgerald became the first female pupil to be appointed. Mr. R. R. Alford transferred from the Town Clerk's Department as administrative assistant.

The food sampling programme continued satisfactorily, as did the inspection of basements. It was found possible to increase the amount of work done under the Offices, Shops and Railway Premises Act, 1963, and by the end of the year nearly all the premises coming within the scope of the Act had been registered. A great deal of time was spent investigating alleged nuisances, an increasing number of these arising from noise. The Coal Concentration Depot at Exmouth Junction was and continues to be a source of complaint of nuisance caused by noise and dust. These complaints have resulted in special investigations being carried out and reports submitted to the Health and Planning Committees.

FOOD

PESTICIDE RESIDUES IN FOODSTUFFS

Due to increasing public concern over contamination of food-stuffs by pesticide residues, the Association of Public Analysts in June 1965, submitted to the four local authority associations a scheme whereby Food and Drugs authorities would undertake a comprehensive sampling survey covering England and Wales.

The scheme was adopted and the City Council agreed to participate.

From the recently published Interim Report of the survey covering results obtained in the first year—August 1966 to July 1967, it is seen that the presence of pesticide residues was found in a significant number of the samples examined, though in general the amounts found were small. In some samples the residues did not fit in with normal good agricultural or horticultural practice and in others the origin of the pesticide was not obvious, but within the limits of our present knowledge, there appears to be no short term hazard to health. However, there are a number of pesticides for which, so far, no levels of "acceptable daily intake" have been worked out, making it desirable that these residues should be kept as low as practicable. It is obvious that much work remains to be done in this field.

In August 1968, the Ministry of Agriculture, Fisheries and Food circulated proposals for legislation to control the supply and labelling of pesticide products intended for use in agriculture, gardening and food storage. Briefly the idea is for a single measure to strengthen and replace existing legislation whereby it would be an offence to sell, supply or import any pesticide product for use in agriculture, in home gardens or in food storage which has not been licensed or which does not fulfil the conditions of the licence.

The results of the samples procured during the year in Exeter as part of the national survey are as follows :—

CAMEMBERT CHEESE

Heptachlor opoxide			0.011	part per million.
T.D.E.			0.043	„ „ „

POTATOES

Pesticide Residues			None detected.
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BREAD

Organo-Chlorine Residues		None detected.
Organo-Phosphorus Residues		Not confirmed.

FOOD POISONING

41 cases of suspected food poisoning were investigated during the year; 19 were confirmed, but in no case were we able to positively trace the source of infection.

FOOD HYGIENE

Due to changes in staff and pressure of work in other directions, such as our programme for clean air and the Offices, Shops and Railway Premises Act, the routine inspection of restaurants and cafes fell well below what I consider necessary. The need for these routine inspections was emphasised this year by a number of complaints being received regarding lack of cleanliness in some of these premises. The general public is getting much more conscious of the need for cleanliness in such places and I think it is a good thing they take the trouble to complain to us. One cafe proprietor, despite repeated warnings, did not attempt to reach the required standards and following a prosecution, he was fined £100.

A dairy was experiencing trouble in the keeping quality of its bottled milk. The bacteriological reports on the bottles proved satisfactory but when they were subjected to a dye test devised by Mr. Maynard, faults in the mechanical washers were indicated. After these were remedied there was an improvement in the keeping quality of the milk.

FOOD AND DRUGS ACT

A complaint was received that a proprietary brand of coffee served in a large office was "lumpy". This proved to be due to the coffee being mixed with milk and water at too high a temperature which caused the milk protein to separate out.

FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS, 1966

123 visits were made in connection with these Regulations. Contraventions were found in a number of cases and the deficiencies were remedied following informal action by the department.

HOUSING

The systematic inspection of basements in the City continued throughout the year. 92 basements were inspected and statutory action taken in respect of 31 of them. Approximately two-thirds of the basements in the City (excluding those used for business purposes) have now been inspected and it is hoped that all of them will have been inspected by the end of 1969.

CLEAN AIR ACT, 1956

SMOKE CONTROL AREAS

Two orders were confirmed by the Minister of Housing and Local Government during the year : St. Thomas No. 2—coming into operation on 1st July 1970 and Pinhoe No. 1—coming into operation on 1st July 1970. This means that by the 1st July 1970 approximately 5,300 out of 10,952 acres of the City involving 10,667 houses will be covered by smoke control orders.

HEIGHT OF CHIMNEYS

During the year 12 of the many plans received necessitated sending out questionnaires in order to determine the height of proposed chimneys. Two proposals to install furnaces were received.

The Clean Air Act, 1968 introduces new controls over the heights of furnace chimneys. As from 1st April 1969 under certain conditions, the height of chimneys serving furnaces of a capacity specified in the Act must be approved by the Local Authority. The furnace operator must apply for chimney height approval and provide certain prescribed particulars.

As I have written on other occasions, there is frequently conflict between health and planning interests in this matter and I must emphasise that considerations of health are paramount and it is up to the architect and planner to ensure that chimney stacks are aesthetically pleasing.

APPROVED FIXERS

It has been noticed that some of the firms on the list of "approved fixers" have been refusing work in connection with the adaptation of fireplaces; this is probably due to pressure of other work at the present time.

RODENT CONTROL

Following the treatment of an area for rats it was alleged that the death of a dog was due to the poisons used but I did not readily accept this, first because of the care taken by the rodent officer in placing the baits and secondly, a large quantity of the poison used would have to be ingested by an animal the size of a dog for it to be fatal. Arrangements were made for a post-mortem examination of the dog by a veterinary surgeon and his report disproved the allegation.

The presence of snakes was reported in a garden but our investigations revealed slow worms and the complainant was reassured.

OPERATION OF OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

GENERAL

By the end of the year 1,377 premises, i.e. nearly all in Exeter which come within the scope of the Act, had been registered. The number of persons employed in these premises is 5,727 males and 6,961 females, a total of 12,688. The number of registrations during the year was 108, and the majority of these were due to district Inspectors visiting the premises and directing the attention of employers to their responsibilities under the Act. Unfortunately, even after an inspector's visit and a registration form being left at the premises the persons responsible for registration are still very dilatory in completing the form and this cannot be adequately dealt with under existing legislation.

540 offices and shops were inspected during the year. The total number of contraventions discovered was 1,450 and these are analysed in the following table :—

Section	Contraventions	Number
1	Failure to register	—
4	Failure to keep premises clean	62
5	Rooms overcrowded	22
6	Failure to maintain a reasonable temperature	19
	Failure to provide thermometers	196
7	Water closets not effectively ventilated	30
	Other rooms not effectively ventilated	73
8	Failure to provide suitable and sufficient lighting :	
	(a) Rooms	66
	(b) Corridors and staircases	21
	Failure to maintain electric wiring in safe condition	1
9	Failure to provide sufficient sanitary conveniences...	16

<i>Section</i>	<i>Contraventions</i>	<i>Number</i>
	Failure to keep sanitary conveniences clean	35
	Failure to effectively light sanitary conveniences	11
	Failure to properly screen sanitary conveniences	—
	Failure to provide suitable door fastenings	2
	Failure to provide separate " male " and " female " conveniences	1
	Failure to mark conveniences " male " or " female "	25
	Failure to provide means for disposal of sanitary dressings	6
	Fittings and fixtures in need of repair or renewal	4
	Floors of sanitary conveniences in need of repair	4
	Conveniences obstructed by stock, goods, etc.	3
10	Failure to provide sufficient washing facilities	18
	Failure to keep washing facilities clean	9
	Failure to effectively light washing facilities	1
	Failure to provide a supply of hot running water	64
	Failure to provide a supply of cold running water	4
	Failure to provide a supply of soap and towels	8
	Fixtures and fittings in need of repair or renewal	3
	Floors of washing facilities in need of repair	1
11	Failure to provide drinking water	44
12	Failure to provide accommodation for clothing not worn at work	9
	Failure to provide accommodation for special clothing worn at work	—
	Failure to provide accommodation for drying wet clothing	33
13	Failure to provide sufficient seats	6
14	Failure to provide footrests	1
15	Failure to provide facilities for eating meals	2
16	Failure to maintain floors and floor coverings in good repair :	
	(a) Rooms	51
	(b) Corridors	13
	(c) Staircases	29
	Failure to provide handrails	60
	Failure to keep floors, passages and stairs free from obstruction	7
	Failure to keep open sides of staircases guarded	2
	Failure to fence openings in floors	5
17	Failure to effectively guard machines	32
22	Failure to keep walls and ceilings in good repair	6
24	Failure to provide a first aid box	97
	Failure to maintain first aid box to requisite standard	75
50	Failure to display an abstract of the Act	273

374 informal notices were sent to employers drawing attention to contraventions and 159 were complied with by 31st December 1968. In addition 108 notices served in 1967 were complied with.

LEGAL PROCEEDINGS

A firm which has since ceased to trade, was fined £2.0.0. by the Exeter Magistrates on each of three counts, namely, failing,

after several approaches on our part, to provide drinking water, sanitary accommodation and washing facilities.

ACCIDENTS

Notifications were received in respect of 42 accidents. In 24 cases I considered an investigation necessary.

Brief details of two accidents, involving fork lift trucks, are as follows :—

- (1) A 24 year old man, when driving a fork reach machine backwards, became pinned between his machine and a wall, sustaining a fractured pelvis. Our investigation shewed that he had turned himself sideways on the machine instead of facing to the front, and the District Inspector felt that the curved plate protecting the driver's platform was not deep enough. I wrote to the makers of the machine giving these details of the accident and invited their comments. They replied that they had manufactured hundreds of these machines and this was the first accident of this type that had occurred to their knowledge, but that they would consider the suggestion regarding the curved plate. However, they expressed the view that the accident might have been due to insufficient training of the operator, but the employer was satisfied that the instruction the injured man had received was adequate.
- (2) An experienced man was driving an electrically-operated fork lift truck in a warehouse and on turning a corner his foot, which was protruding over the side of the truck, caught the edge of a pallet of goods, twisting his ankle. He sustained torn ligaments.

None of the other accidents was of a serious nature.

During the year I became convinced that many employers were not fulfilling their obligations under the Act with regard to the notification of accidents. I therefore distributed a circular drawing attention to this and it resulted in an increase in the number of notifications received. The fact that falls are a very common cause of accidents indicates the need for care in choosing suitable floor surfaces and coverings and ensuring they are adequately cleaned and maintained.

I am pleased to be able to report that workers in a garment pressing room who used to suffer from "red eyes" experienced no trouble after our recommendations for improving the ventilation had been adopted.

EXEMPTIONS

Two exemptions were granted in relation to the provision of toilets in exceptional circumstances ; the number of staff involved was very small.

NUISANCES

NOISE. During 1968, 480 visits were made in respect of 26 alleged nuisances arising from noise. The causes of complaint

were varied, but the most common causes were those in respect of motor vehicles and construction works. Noise from pneumatic drills has been much reduced by the fitting of mufflers and the necessity for this is drawn to the attention of contractors.

Complaints were made of noise arising from :—

1. The loudness of music and announcements broadcast over the loudspeaker system during speedway meetings : The speakers were re-sited and the volume of sound reduced.
2. The welding of railway lines during the late evening and early part of the night : A letter was sent to the South West Area Manager suggesting that in the interests of good public relations, people living in an area likely to be affected by noise of work at night should be given prior notice of the intention to do this work, and this was accepted. Enforcement action is precluded in cases such as this, since statutory undertakings are exempt from the provisions of the Noise Abatement Act, 1960.
3. Noise caused throughout the night by concrete curing machines during the construction of the Council's multi-storey car park : Unfortunately, following discussions with the City Architect's Department, it was decided nothing could be done to alleviate this.
4. The stocking and moving of coal in connection with the operation of the coal concentration depot situated between Monks Road and Prince Charles Road : This and the problem of dust arising from this source was the subject of a special report to the Health and Planning Committees which was published in June 1968.

NEW LEGISLATION

New legislation of interest to the department and brought into operation during the year was as follows :—

	Date of Operation
The Labelling of Food Regulations 1967	1. 1.68
The Clean Air (Measurement of Grit and Dust) Regulations, 1968	1. 5.68
The Meat Pie and Sausage Roll Regulations, 1967	31. 5.68
The Fertiliser and Feeding Stuffs (Amendment) Regulations, 1968	1. 7.68
The Caravan Sites Act, 1968	26. 8.68 (Part 1)
The Imported Food Regulations, 1968	1. 8.68
The Agriculture (Miscellaneous Provisions) Act, 1968	3. 9.68 (Part 1)
The Public Health (Infectious Diseases) Regulations, 1968	1.10.68
The Medicines Act, 1968	25.10.68
The Trade Descriptions Act, 1968	29.11.68

The following legislation comes into operation on the dates indicated :—

	Date of Operation
The Clean Air Act, 1968	1. 4.69
The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968	28. 5.69
The Offices, Shops and Railway Premises (Hoists and Lifts) Reports Order, 1968	28. 5.69
Canned Meat Products Regulations, 1967	31. 5.69
The Solvents in Food Regulations, 1967	3.11.69
The Solvents in Food (Amendment) Regulations, 1967	3.11.69
Ice-Cream Regulations, 1967	4. 1.71
The Margarine Regulations, 1967	4. 1.71
The Coffee and Coffee Product Regulations, 1967	4. 1.71
The Fish and Meat Spreadable Products Regulations, 1968	15. 3.71
The Slaughter of Poultry Act, 1967	To be decided

GENERAL

PLANS/INSPECTION OF PLANS

The department examined and commented on 199 sets of plans during the year.

LOCAL LAND CHARGES

The department replied to 2,686 searches submitted to the Town Clerk under the Local Land Charges Act.

STATISTICS

General Summary.

Number of visits made by P.H.Is during the year	14,172
Number of samples taken	373
Number of carcasses inspected	64,454
Total weight of foodstuffs condemned	111 tons

A—SUPERVISION OF FOOD SUPPLIES

Registered Food Premises.

There are 449 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 426 business establishments. These are made up as follows :—

Storage of bulk ice-cream	10
Manufacture, storage and sale of ice-cream	3
Storage and sale of pre-packed ice-cream	339
Preparation or manufacture of sausages and potted, pressed, pickled and preserved food (including Fish and Chips)	97
TOTAL	449

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

	Premises subject to F.H. Regs., 1960	Premises that comply with Regulation 16 as at 31st December 1968	Premises to which Regulation 19 applies	Premises that comply with Regulation 19 as at 31st December 1968
Bakers and Bakers' Shops ...	37	37	32	32
Butchers	77	75	77	76
Cafes, Canteens and Restaurants	76	76	76	76
Clubs and Institutes	45	45	44	44
Confectioners	71	71	28	28
Cooked Meats ...	6	6	5	5
Dairies ...	18	18	18	18
Fish, Fried ...	25	24	25	25
Fish, Wet	17	17	17	17
Greengrocers	41	41	28	28
General Provisions	210	210	192	192
Ice-cream	3	3	3	3
Licensed Premises . . .	138	137	138	137
School Canteens	42	40	42	42
TOTAL	806	800	725	723

Sale of Cream.

The number of current registrations is as follows :—

Registration as a dairy (sale of open cream)	18
Registration as a distributor (sale of pre-packed cream)	28

Dealer's (Pre-packed) Milk Licences.

The number of current licences is as follows :—

Pasteurised Milk	130
Untreated Milk	52
Sterilised Milk ...	24
Ultra Heat Treated Milk	2

School Canteens and Kitchens.

84 inspections of school canteens and kitchens were carried out during 1968. The majority of kitchens still lack facilities for the drying of staff clothing and a considerable amount of work remains to be done before the ventilation in a number of kitchens is considered to be satisfactory.

Three slicing machines were found to need guards and one shredding machine is out of use until it has either been modified to make it safe or replaced.

The introduction of British Standard Time has indicated a need for additional artificial lighting in some cases and a survey is to be made during the latter part of 1969 to ascertain the particular needs of each kitchen.

The standard of washing up was generally satisfactory.

Market.

21 inspections were made of the Lower Market, where fruit and vegetables, etc., are sold. The standard of hygiene was generally satisfactory.

Poultry Inspection.

There are no poultry processing premises in the City.

Slaughter of Animals and Meat Inspection.

The number of animals slaughtered and inspected at the public abattoir and private slaughterhouses, together with reasons for condemnation are set out below in the form prescribed by the Ministry of Health Circular 17/55. No horses or goats are slaughtered in the City.

	<i>Beasts</i>	<i>Cows</i>	<i>Calves</i>	<i>Pigs</i>	<i>Sheep and Lambs</i>
Number slaughtered	8,009	1,833	808	20,905	33,899
Number inspected	8,009	1,833	808	20,905	33,899
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned	18	26	52	105	198
Carcasses of which some part or organ was condemned	1,174	1,651	47	2,208	4,076
Percentage of No. inspected affected with diseases other than tubercu- losis and cysticercosis	52.1	91.5	12.3	10.6	12.6
<i>Tuberculosis only.</i>					
Whole carcasses condemned ...	—	1	—	—	—
Carcasses of which some part or organ was condemned	5	25	—	608	—
Percentage of No. inspected affected with tuberculosis	.06	1.4	—	2.9	—
<i>Cysticercosis only.</i>					
Carcasses of which some part or organ was condemned	17	1	—	—	—
Carcasses submitted to treatment by refrigeration	17	1	—	—	—
Generalised and totally condemned	—	—	1	—	—

ANIMALS SLAUGHTERED UNDER THE BOVINE TUBERCULOSIS
ERADICATION SCHEME DURING THE YEAR 1968 AT THE
CITY OF EXETER PUBLIC ABATTOIR

	<i>Cows</i>	<i>Bulls</i>	<i>Steers</i>	<i>Heifers</i>	<i>TOTAL</i>
Total number of T.T. reactors	55	1	1	5	62
Number of carcasses totally rejected (Generalised T.B.)	1	—	—	—	1
Number found to have localised lesions only	25	1	1	3	30

BRUCELLOSIS (Accredited Herds) SCHEME

The following bovine animals were slaughtered under the Brucellosis (Accredited Herds) Scheme, at the City of Exeter Public Abattoir during the year 1968 :—Cows, 51 ; Heifers, 2 ; Bulls, Nil.

In all cases the udders and uteri were condemned.

Meat and Livestock Commission Levy.

Resulting from the Meat and Livestock Commission Levy Scheme (Confirmation) Order 1968, F.M.C. (Meat) Limited, in their capacity as agents for the Commission, collect the levy imposed and this must be recovered by increased charges at the abattoir.

Thus, from the 7th October, the scale of killing charges in respect of livestock slaughtered for third parties was increased as follows :—

Cattle (other than calves not exceeding 150 lbs. deadweight) by 4/- per head to 32/-.

Calves (not exceeding 150 lbs. deadweight) by 1/- per head to 8/6d.

Sheep by 4d. per head to 5/10d.

Pigs by 1/9d. per head from 11/3d.—12/9d. according to weight.

Complaints of Foodstuffs.

During the year we investigated 54 complaints in connection with foodstuffs alleged either to be unfit for human consumption or to contain some foreign matter. Whilst most of these complaints were dealt with informally, it was thought necessary to institute legal proceedings in the following seven instances :—

1. Mouldy sausages—vendor fined £20.
2. Mouldy chicken and ham pies—vendor fined £30.
3. Mouldy sausages—vendor fined £30.
4. Mouldy sponge roll—vendor fined £10.
5. Mouldy Swiss roll—vendor fined £10.
6. Mouldy apfel-strudel—vendor fined £30.
7. Mouldy cakes—vendor fined £60.

At the end of 1968, 3 prosecutions were pending. 2 prosecutions pending at the end of 1967 resulted in a fine of £5 for selling fried fish which contained a cigarette end, and a fine of £15 for selling bread containing a piece of plaster.

The prosecution in respect of the apfel-strudel presented us with a great deal of difficulty. The name and address of the company was provided by the manageress of the local shop, but the address proved false. The Companies Register and the Business Names Register did not contain filed particulars of any such Company, apart from one building firm in Essex who, on learning the reason behind our telephone enquiry, quickly terminated the conversation. The facts were reported to the Board of Trade and after a considerable amount of detective work the necessary information was obtained to enable legal proceedings to be taken against the Company concerned.

Labelling of Food.

We continue to examine the labels of various commodities during routine visits to premises where food is sold and whilst sampling under the Food and Drugs Act. Contraventions were found in a number of cases and warning letters were sent to the offenders.

Food Sampling.

Milk.

(A) Chemical and Bacterial Quality.

The following tables indicate the average chemical and bacterial quality of the milk sold in the City during the year :

(i) Chemical Quality.

DESIGNATION	Number of Samples	Average Percentage		Minimum Legal Percentage	
		Milk Fat	Solids Nat. Fat	Milk Fat	Solids Nat. Fat
Channel Islands.....	—	—	—	4.0	8.5
Others	17	3.9	8.8	3.0	8.5

(ii) Bacterial Quality.

DESIGNATION	Number of Samples	Samples Satisfactory	Samples Unsatisfactory
Pasteurised	12	12	—
Channel Islands Pasteurised	1	1	—
Untreated (Farm Bottled)	55	46	9
Homogenised Pasteurised	1	1	—
Sterilised	2	2	—

(B) *Brucella Abortus*.

64 milks were tested for *Brucella Abortus*. 63 were negative, and the culture test of the one originally reported as positive proved to be negative.

(c) *Milk Containers*.

3 milk containers were sampled, all of which were satisfactory.

Ice Cream—Cleanliness.

136 samples of ice cream were taken during the year and the gradings according to the standards suggested by the Ministry of Health were as follows :—

Grade 1. (Satisfactory)	....	....	....	62
Grade 2. (Satisfactory)	....	....	....	27
Grade 3. (Unsatisfactory)	..	..	...	23
Grade 4. (Unsatisfactory)	...	...	...	24

Where the gradings were unsatisfactory repeat samples were taken. In one case the use of a suitable steriliser for the tongs was requested and this resulted in an improvement in subsequent samples.

Food and Drugs Act, 1966.

18 samples of milk, 21 samples of medicines and drugs, and 47 samples of other foods were procured in 1968. 71 were formal and 15 informal. The following deficiencies were found :—

Sample No.	Article	Adulteration or Fault	Action taken
2507	Ice-Cream	14% deficient in fat.	Prosecution, Manufacturer/retailer fined £5.
2517	Hot Milk	Contained 26% added water.	Irregularity caused by fault in steam injector used to heat coffee. Fault now rectified.
2523	Cornish Pasty	18.4% deficient of prescribed minimum proportion of meat.	Repeat formal sample taken —satisfactory.
2524	Cornish Pasty	43.2% deficient of prescribed minimum proportion of meat.	Repeat formal sample taken —satisfactory.
2554	Pasties	32% deficient of prescribed minimum proportion of meat.	Prosecution, Manufacturer/retailer fined £10.

Watercress.

Three samples, all satisfactory.

Yoghurt.

One sample, satisfactory.

Liquid Egg.

Seven samples, all satisfactory.

There are no egg pasteurisation plants in the City.

Shell Fish.

Thirteen samples, all satisfactory.

B—HOUSING

Housing Act, 1957, Sections 16 and 18.

50 dwellings (including 31 basements) were reported to the Health Committee as being unfit for human habitation, and not repairable at a reasonable expense. They were dealt with in the following manner :—

Closing Orders made	....	....	....	....	36
Undertakings not to re-let accepted	....	....	....	....	7
Outstanding at the end of the year	....	....	....	....	7
					—
TOTAL	....	....	....	....	50

Formal Notices.

Two dwellings were rendered fit during the year following the service of formal notices, both being remedied by the owners.

Informal Notices.

36 dwellings were rendered fit during the year, without the service of formal notices.

Overcrowding.

(A) (i)	Number of dwellings known to be overcrowded at the end of year	....	....	....	....	3
(ii)	Number of families dwelling therein	....	....	....	....	4
(iii)	Number of persons dwelling therein	....	....	....	....	20
(B)	Number of new cases reported during the year	....	....	....	....	3
(c) (i)	Number of cases of overcrowding relieved	....	....	....	....	4
(ii)	Number of persons concerned in such cases	....	....	....	....	24

C—CLEAN AIR ACT, 1956

Smoke Control Areas.

The following table summarises the overall situation of smoke control areas at the end of the year :—

No.	Area	Date of Operation of Order	Area (Acres)	No. of Dwellings
1	Howells & Heywood Estate	1. 1. 61.	50.0	300
2	Brown's Nursery Estate	1. 1. 61.	7.0	103
3	Beacon Lane Estate	1. 7. 63.	69.3	689
4	Broadfields Estate	1. 9. 63.	32.4	300
5	Iolanthe Estate	1. 9. 63.	26.8	250
6	Redhills No. 1	1. 9. 63.	65.5	586
7	St. Thomas No. 1	1. 9. 65.	149.0	1536
8	Cowick Lane No. 1.	1. 9. 65.	29.0	153
9	Redhills and Exwick	1.9.66.	1000.0	560
10	Cowick Lane No. 2	1. 9. 66.	170.0	635 (ultimately)
11	Salmon Pool Lane	1. 9. 67.	10.0	95
12	Pyne's Hill	1. 9. 67.	530.0	584
13	Stoke Hill No. 1	1. 9. 67.	1492.0	1666 (ultimately)
14	Carlyon Gardens	1. 12. 67.	6.0	55
15	Whipton No. 1	1. 12. 67.	15.0	108
16	Stoke Hill No. 2	1. 7. 69.	627.0	525
17	Cowick Lane No. 3	1. 7. 69.	110.0	763
18	St. Thomas No. 2	1. 7. 70.	868	1,334
19	Pinhoe No. 1	1. 7. 70.	40	425
TOTAL			5279.0	10,667 (ultimately)

D—PEST CONTROL

Rats and Mice.

Complaints.

310 complaints were received during the year, and these were made up as follows :—

	TYPE OF PREMISES.			Total
	Business	Private	Local Authority	
Rats	24	170	49	243
Mice	10	28	29	67
TOTALS ..	34	198	78	310

Routine Inspections.

Routine inspections of the following areas were made during the year :—Won River, Mincinglake Tip, Dyke at Venny Bridge, Hamlin Lane Allotments, Guy's Allotments, Piggery—Canal Banks, Dyke at Brookway, Waste Ground in Okehampton Street, River bank at Okehampton Road, Dyke at rear of Main Road, Pinhoe, Dyke at Thornpark Rise, Dyke rear of Myrtle Close, Alphington.

Sewers.

The annual test baiting and bi-annual treatments of sewers required by the Ministry of Agriculture, Fisheries and Food, were carried out as usual in the Spring and Autumn.

Heavy infestations were found in the following areas, and these will be treated again in 1969 :—The Strand, Topsham ; Pines Square/Regent Street area.

Disinfestation and Disinfection.

Spraying for bugs and fleas :				
Private houses	....	....	....	27
Council houses	....	....	....	27
Business premises	....	....	....	1
Spraying for Ants :				
Private houses	....	....	....	2
Council houses	....	....	....	7
Spraying for Cockroaches :				
Private houses	....	....	....	2
Council houses	....	....	....	11
Business premises	....	....	....	2
Spraying for Flies :				
Private houses	....	....	....	1
Council houses	....	....	....	1
Spraying rooms after tuberculosis	....	....	....	6
Disinfesting persons	....	....	....	2
Stoving clothes, and/or bedding				20

Wasps, Hornets and Bees.

Nests destroyed during the year			174
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E—GENERAL

Bakehouses.

Number in City			21
Number of underground bakehouses in the City			—
Number of inspections made	....	....	32

Offensive Trades.

Number of businesses in the City	....	....	8
Number of inspections made	....	....	19

Hairdressers and Barbers (Byelaws).

10 inspections of hairdressing establishments were made in the year. Conditions were found to be satisfactory.

Common Lodging Houses.

The two registered common lodging houses in the City were inspected by the public health inspectors during the year, and conditions were found to be satisfactory. The accommodation provides for 73 men : 39 in one lodging house and 34 in the other. One of the houses is owned by the City Council and is shortly to be closed. The other one is privately owned and is to be sold. This is causing great concern to those interested in the welfare of the type of men using such accommodation.

Merchandise Marks Acts, 1887 to 1953.

Twenty-six visits were made during the year to ensure that the provisions of these Acts were being observed, but no action was found necessary.

These Acts were repealed by the Trades Description Act, 1968 and as from the 29th November 1968, functions previously carried out in accordance with the Merchandise and Marks Acts will be undertaken under powers conferred by the Trades Descriptions Act.

Fertilisers and Feeding Stuffs.

Ten samples of fertilisers were taken during the year. One sample contained nitrogen in excess of the permitted amount and on being informed of the result of analysis, the suppliers ceased the sale of the product immediately. An informal sample of fertiliser was found to be deficient in potash. A repeat formal sample was taken which proved to be satisfactory.

Eight samples of feeding stuffs were taken during the year. Two of these samples were unsatisfactory and to the prejudice of the purchaser. In one case there was a deficiency in copper and the other sample contained excess oil in addition to being deficient in copper. In both cases warning letters were sent to the suppliers.

Rag Flock.

Number of premises registered			2
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Six samples of rag flock were taken during the year. All were satisfactory.

HOUSING

(See also pages 38, 49 and 54)

The City Architect (Mr. Vinton Hall, F.R.I.B.A., A.M.T.P.I.) has kindly given me the following information :—

During the year ended 31st December 1968, dwellings were completed as follows :—

New dwellings by Council	....	....	....	186
New dwellings by private enterprise	....	....	....	486

Total dwellings provided since the war to the 31st December 1968 are :—

*Temporary	Council		Private Enterprise		Total
	Permanent	Rebuilds	New	Rebuilds	
430	5,410	21	4,594	210	10,665

* 268 of these temporary bungalows have been disposed of by the end of 1968 and further disposal is proceeding.

Mr. M. H. D. Freeman, the housing manager, has kindly sent me the following table which gives an analysis of the housing register at the 18th December, 1968 :—

ANALYSIS OF APPLICANTS REGISTER—18th December 1968

TYPE OF ACCOMMODATION REQUIRED

POINTS		1B	2B		3B	4B	Total
			Without family	With family			
S.O. ....	....	51	42	70	30	6	199
H.M.F. ....	....	—	5	43	46	11	105
Nil ....	....	136	31	11	—	—	178
1 ....	....	32	47	1	—	—	80
2 ....	....	64	41	79	4	1	189
3 ....	....	21	17	17	—	—	55
4 ....	....	8	12	77	7	—	104
5 ....	....	13	8	15	1	—	37
6 ....	....	37	14	27	22	1	101
7 ....	....	9	5	25	6	—	45
8 ....	....	9	13	21	7	4	54
9 ....	....	57	10	11	—	1	79
10 ....	....	8	6	6	1	2	23
11 ....	....	22	8	19	1	1	51
12 ....	....	5	1	5	—	2	13
13 ....	....	5	3	8	1	2	19
14 ....	....	7	1	2	—	—	10
15 ....	....	1	1	3	—	2	7
16 ....	....	1	2	2	—	1	6
19 ....	....	—	—	—	—	1	1
20 ....	....	—	—	1	1	—	2
21 ....	....	—	—	—	—	1	1
22 ....	....	—	—	—	—	1	1
23 ....	....	1	—	1	—	—	2
31 ....	....	—	—	—	—	1	1
		487	267	444	127	38	1,363
Applicants with less than six months' registration							348
		GROSS TOTAL					1,711
With need	....	183	84	146	17	7	437
% of Total	..	(35.7%)	(19.6%)	(32.6%)	(9.3%)	(2.8%)	

S.O.=Safeguard only.
Above the line=not urgent.

H.M.F.=Her Majesty's Forces.
Below the line=in need.

RE-HOUSING ON MEDICAL GROUNDS

The table below sets out the results of consideration of the medical-social needs of applicants for housing and the recommendations made to the Housing Committee. Generally speaking, the recommendation is for the allocation of a number of additional points to those already credited to the applicant.

Occasionally, the request made by the department is an urgent one, over-riding in the circumstances the ordinary system of points allocation.

RE-HOUSING ON MEDICAL GROUNDS, 1968

REASON REFERRED BY M.O.H.	Total recommended for additional points	Re-housed	Awaiting re-housing	Deferred or not yet approved (i.e. insufficient points)	Applications lapsed	Cases recommended in previous years and re-housed in 1968
Tuberculosis	1	—	—	1	—	1
Statutory overcrowding	1	1	—	—	—	1
Sub-standard property	8	3	1	1	3	3
Social overcrowding conditions	3	1	—	2	—	3
Other medical social reasons	34	16	—	17	1	5
Other medical reasons	55	14	5	35	1	11
TOTALS	102	35	6	56	5	24

NOTE: In addition to the above there were 42 cases considered where no medical points were recommended, but 27 of these were supported.

CIVIL DEFENCE CORPS (AMBULANCE RESERVE)

In June 1968 a Ministry of Health circular gave notice of the Government's decision to place home defence on a "care and maintenance" basis, and contained instructions as to the disposal of vehicles and equipment; these have been carried out.

One training ambulance was transferred to the Education Department for the school meals service. Most of the other equipment, mainly blankets, was taken on charge by the ambulance service.

There had been no actual enrolment of volunteers into the Ambulance Reserve, but those who belonged to the Ambulance and First Aid Section continued as members of the Corps when all sections were integrated.

When the "stand down" order was received the majority of those who had previously elected to serve in the integrated

Civil Defence Corps decided to remain together in voluntary service and they now form No. 98 (Devon) Detachment of the British Red Cross Society. The Society had given valuable assistance to the Corps in a number of ways and it is good to know that their help is now being returned.

INFECTIOUS DISEASE

(Exeter Residents)

No cases of diphtheria, poliomyelitis, typhoid or paratyphoid were notified during the year.

MINISTRY OF HEALTH

ANNUAL RETURN OF FOOD POISONING FOR 1968

(including all salmonella infections but *excluding Typhoid and Paratyphoid*)

Name of Local Authority : EXETER COUNTY BOROUGH.

General outbreak = two or more unrelated cases due to a common cause.

Family outbreak = two or more cases related or in a household due to the same cause.

Sporadic case = single cases not connected with any other cases.

TABLE I FOOD POISONING INCIDENTS AND CASES

Causative Agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES Notified or ascertained	TOTAL	TOTAL
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		No. of outbreaks and sporadic cases columns (1+3+5)	
	1	2	3	4	5	6	7
1. <i>S. typhi-murium</i>	—	—	2	7	3	5	10
2. Other <i>Salmonellae</i> (a)	—	—	—	—	4	4	4
3. <i>Cl. welchii</i>	—	—	—	—	—	—	—
4. <i>Staph. aureus</i>	—	—	—	—	—	—	—
5. Other causes (b)	—	—	—	—	—	—	—
6. Cause unknown	—	—	1	4	1	2	5
7. TOTAL	—	—	3	11	8	11	19

DETAILS OF FOOD POISONING DUE TO SALMONELLAE OTHER THAN
S. TYPHI-MURIUM ARE GIVEN IN THIS TABLE

Type of Salmonellae							
Hartford	—	—	—	—	1	1	1
Newport	—	—	—	—	1	1	1
Panama ...	—	—	—	—	2	2	2
TOTAL	—	—	—	—	4	4	4

Table 11, Salmonella infection (not food borne), no cases.

INFECTIOUS DISEASES

PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS, 1968

Erysipelas, pneumonia and puerperal pyrexia ceased to be notifiable diseases after 30th September 1968. Meningococcal infection ceased to be notifiable except under the general heading of acute meningitis. Tetanus became a notifiable disease from 1st October, 1968.

PUBLIC HEALTH (INFECTIVE JAUNDICE) REGULATIONS, 1968

Infective jaundice became a notifiable disease from 15th June 1968.

NOTIFICATIONS

No cases of diphtheria, poliomyelitis, typhoid or paratyphoid, meningococcal infection, acute meningitis, erysipelas, or pemphigus neonatorum were notified during the year.

FOOD POISONING

19 cases of food poisoning were notified, or otherwise ascertained, during the year. There were no general outbreaks, but there were three family outbreaks involving 2, 3, and 5 persons. Ten of the cases (including 7 cases in two family outbreaks) were due to *Salmonella typhi-murium*; in 4 others *Salmonella* (*S. Panama*, *S. Newport*, *S. Hartford*) were isolated. It was not possible to trace the source of the infection in any of the cases.

DYSENTERY

280 cases of dysentery were notified or otherwise ascertained, over five times as many as in 1967. There was one major outbreak in a residential special school during the autumn term in which 94 of the pupils and staff were affected. Most of the other cases occurred in outbreaks in 3 different areas of the City, the cases

not being confined to any particular school. In all cases the organism involved was *Shigella Sonnei*.

WHOOPING COUGH

41 cases of whooping cough were notified during the year, of which 4 (all in children under one year of age) could be regarded as serious, but happily they made a good recovery. 13 of the children had received a course of whooping cough vaccine within four years of the illness, 16 had not been immunised, while the other 12 were in school-children who had not had a booster dose within 5 years.

We continued to co-operate in the investigation the Medical Research Council is carrying out into the type of organism involved, which finished at the end of April. The national results are not yet to hand.

MEASLES

833 cases of measles were notified during 1968. The incidence rose during the last 2 months of 1967, the outbreak continuing up to the end of April 1969 ; during those six months 1,161 cases were notified. Measles vaccination was started in the City in early May, but the outbreak was then rapidly subsiding. It is not possible to say that vaccination was responsible for the decline during the remainder of the year.

PNEUMONIA

13 cases of pneumonia were notified during the year before October 1st.

SCARLET FEVER

All the 38 cases of scarlet fever notified during the year were mild.

TETANUS

This disease became notifiable from 1st October 1968, and one case was notified later. This was in a market gardener aged 54, an occupation especially at risk to this disease. He was transferred to Ham Green Hospital, Bristol, for treatment.

INFECTIVE JAUNDICE

From 15th June 1968 to the end of the year, 6 cases had been notified ; nothing of note has been observed in this series.

Table XVIII.

ACUTE INFECTIOUS DISEASE.
MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1968 (EXETER RESIDENTS)
after correction of diagnosis.

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Cases admitted to Whipton Hospital
Scarlet fever	3	9	3	2	6	4	2	1	—	2	2	4	38	—
Whooping cough ...	1	3	4	8	2	5	6	4	1	4	3	—	41	2
Measles	215	194	206	128	20	17	26	13	4	5	2	3	833	4
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute meningitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	2	5	2	—	—	1	—	2	—	—	—	13	1
Ophthalmia neonatorum	—	—	—	—	2	—	—	—	—	—	—	—	2	—
Puerperal pyrexia ...	1	3 (1)	1	—	2	—	—	1 (1)	—	—	—	—	8 (2)	—
Dysentery	—	—	7	9	39	64	18	12	12	8	161	10	280	10
Food poisoning	—	3	5	—	2	—	6	1	2	—	—	—	19	4
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice ...	—	—	—	—	—	1	1	—	1	2	1	—	6	2
Tetanus	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Enteritis (not a notifiable disease)	—	1	—	—	2	3	7	—	4	5	1	—	23	9

(Figures in brackets represent additional cases notified to this authority but with home addresses outside the city.)

Table XIX.
ACUTE INFECTIOUS DISEASE
CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1968 (EXETER RESIDENTS)
(by age groups) after correction of diagnosis.

DISEASE	AGES OF CASES NOTIFIED													Cases admitted to Whipton Hospital	
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Age un-known		Total
Scarlet fever 	1	—	2	3	6	20	6	—	—	—	—	—	—	38	—
Whooping cough 	6	5	4	6	2	16	2	—	—	—	—	—	—	41	2
Measles 	29	96	113	136	141	288	3	5	16	—	—	—	6	833	4
Erysipelas 	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute meningitis 	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic) 	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic) 	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia 	—	—	—	—	—	1	—	1	1	—	4	6	—	13	1
Ophthalmia neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Puerperal pyrexia 	—	—	—	—	—	—	—	1	4 (2)	—	—	—	3	8 (2)	—
Dysentery 	2	15	14	16	29	109	35	10	27	16	4	1	2	280	10
Food poisoning 	—	—	—	—	1	3	2	1	2	7	2	1	—	19	4
Diphtheria 	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever 	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever 	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice 	—	—	—	—	—	1	—	2	1	—	1	1	—	6	2
Tetanus 	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Enteritis (not a notifiable disease)	3	5	1	—	3	4	—	—	4	1	—	1	1	23	9

(Figures in brackets represent additional cases notified to this authority but with home addresses outside the city).

PUERPERAL PYREXIA

10 cases of puerperal pyrexia were notified up to 30th September 1968, when it ceased to be notifiable. In 3 cases the cause was unknown; in 2 the cause was uterine infection; in 1, breast infection; in 3, respiratory; in 1, measles. 7 of the mothers had been confined in hospital units. Pathological investigation was made in 6 cases. District midwives notified 7 cases, general practitioners 1 and the house officer at the City Hospital 2.

OPHTHALMIA NEONATORUM

Only 2 cases were notified during the year, one by a general practitioner and one by a midwife. Both babies were born at home. Swabs were negative. Both cases cleared up quickly on treatment.

BACTERIOLOGY ETC. INVESTIGATIONS PUBLIC HEALTH LABORATORY SERVICE

(Director : DR. B. MOORE)

Exeter cases—referred by health department.

				<i>Specimens examined.</i>		
				<i>No. taken.</i>	<i>Negative.</i>	<i>Positive.</i>
Dysentery ....	....	....	1,371	909	462	
Food Poisoning ....	....	....	152	84	68	
Enteritis and D. & V. ....	....	....	75	73	2	
				1,598	1,066	532
Scarlet Fever ...	....	....	4	4	—	
Whooping Cough ....	....	....	10	8	2	
Typhoid Fever (suspected)			7	7	—	
Urine ....	....	....	19	9	10	
Throat Swabs ....	....	....	10	9	1	
Ear Swabs ....	....	....	6	1	5	
Eye Swabs ....	....	....	4	3	1	
Miscellaneous ....	....	....	3	1	2	
Totals				1,661	1,108	553

Table XX.

TABLE OF KNOWN EPILEPTICS

(As AT 31-12-68)

Details of the "location" of all the Exeter epileptic persons known to us are set out in the table below.

Age Group	Type	Total		At Home		In Special Schools		Day School		Junior Training Centre		Working		Adult Training Centre		In Hostels		In Colony		In Hospital for mentally ill		sub-normals	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Years																							
0-4	Major	4	4	3	3	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	3	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
5-14	Major	16	16	1	1	2	1	12	13	—	—	—	—	—	—	—	—	—	—	—	1	1	1
	Minor	15	15	—	—	3	1	9	9	3	4	—	—	—	—	—	—	—	—	1	—	—	—
15-64	Major	27	24	10	9	—	—	1	1	—	—	12	4	3	2	—	—	—	—	1	4	—	4
	Minor	14	16	1	1	—	1	1	—	—	2	7	7	4	3	—	—	—	—	1	—	—	2
65-plus	Major	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	...	80	76	18	15	5	3	23	23	5	7	19	11	7	5	—	—	—	—	2	5	1	7

Table XXI.

CEREBRAL PALSY

Details of the "location" of all the Exeter spastics known to us, are set out in the table below.

Age Groups	Total		At Home		Day School		Day Special School		Residential School		Training Centre		Working		Training College for Handicapped Persons		Hospital for Mentally Subnormals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Years																		
0-4	12	8	9	7	—	—	—	—	1	—	2	—	—	—	—	—	—	1
5-14	5	5	—	—	2	1	1	1	1	—	1	2	—	—	—	—	—	1
15-64	28	10	8	2	—	—	—	—	2	—	5	4	13	2	—	—	—	1
65-plus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	45	23	17	9	2	1	1	1	4	—	8	6	13	2	—	—	—	3

EXETER AND TORBAY DISTRICTS SPASTICS SOCIETY

This Society (affiliated to the National Spastics Society) was established in 1961. The Society has established a day centre (Vranch House) in the grounds of the Honeylands Hospital, and including a small special school.

Table XXII.
CEREBRAL PALSY, 1968
 (ACCORDING TO TYPE AND HANDICAP)

Type	Total		Athetoid		*(A) Severe		*(B) Moderate		*(C) Mild		Other Disabilities	
	M	F	M	F	M	F	M	F	M	F	M	F
Hemiplegia	15	9	—	1	2	1	10	6	3	2	8	3
Monoplegia	6	2	—	—	—	—	5	2	1	—	3	1
Paraplegia	11	3	—	—	2	—	4	2	5	1	3	1
Quadriplegia	8	8	3	1	2	4	5	4	1	—	6	5
Athetoid only	4	—	—	—	—	—	4	—	—	—	4	—
Not assessed	1	1	—	—	—	—	—	—	—	—	—	—
TOTALS	45	23	3	2	6	5	28	14	10	3	24	10

*(A) Handicap severe enough to prevent completely the person leading a normal life.

*(B) Handicap of such a degree as to restrict considerably the person's activity, but to allow him to move about and lead a relatively normal life.

*(C) Handicap of such a slight degree that there is little restriction of normal life.

Table XXIII.
THE BLIND.
REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS DURING 1968.

		CAUSE OF DISABILITY							
		CATARACT		GLAUCOMA		RETROLENTAL FIBROPLASIA		OTHERS	
		Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(i)	Number of cases registered during the year in respect of which Sec. F, para. 1 of Form B D.8 (Revised) recommends : (a) No treatment.	9	1	7	1	—	—	27	7
		6	3	5	2	—	—	4	1
		6	1	5	1	—	—	4	1
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.									

1 name was transferred from register of partially sighted persons to register of blind persons.
1 name was transferred from register of blind persons to register of partially sighted persons.
Total (Exeter residents) on the Register at end of 1968—Blind 304. Partially Sighted 58.

Table XXIV.
EXAMINATIONS, ETC., RE EMPLOYMENT BY THE CITY COUNCIL.

DEPARTMENT	MEDICAL DECLARATIONS ACCEPTED				MEDICAL EXAMINATIONS				M.M.R. X-RAYS obtained	
	Superannuation Scheme		Fitness for Employment		Following Declarations of Health		Following Sickness			Total
	M.	F.	M.	F.	M.	F.	M.	F.		
Children's	—	4	—	—	—	3	—	—	3	1
City Architect	15	2	20	3	3	—	5	—	8	—
City Surveyor	51	2	2	—	2	1	22	1	26	—
City Treasurer	5	6	—	4	—	2	—	—	2	1
Education	24	23	7	130	1	12	—	—	15	104
Fire Brigade	2	—	2	—	—	—	2	—	2	—
Health	11	55	4	15	—	1	1	—	1	14
Housing	3	4	—	—	—	—	1	—	2	2
Libraries	5	9	2	6	1	3	—	—	4	1
Museum	1	1	—	—	—	—	—	—	—	—
Town Clerk	6	8	—	3	3	8	—	—	11	10
Transport	23	1	—	—	—	1	1	—	8	—
Welfare	3	9	—	—	—	—	—	—	—	6
Weights and Measures	1	—	—	—	—	—	—	—	—	—
Planning	1	1	—	—	1	1	—	—	2	—
Motor Taxation	—	—	—	1	—	—	—	—	—	—
Civil Defence	1	—	—	—	—	—	—	—	—	—
Examinations carried out for other Authorities	—	—	—	—	—	—	—	—	7	7
Estates and Valuers	3	1	—	—	1	—	—	—	1	1
Magistrates Court	—	—	1	—	—	—	—	—	—	—
GRAND TOTAL	155	126	38	162	12	32	33	1	92	147
GRAND TOTAL 1967	98	106	58	116	23	29	55	9	140	127

MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL

The department undertakes the necessary medical examinations of the Council's employees—new appointments, admission to the superannuation scheme of certain classes of workers, those with continuing sickness claims, etc. (see Table XXIV). The use of the medical questionnaire as the main basis for medical approval has certainly reduced the time demand on the medical staff, without any evident untoward results so far as protecting the Council's or the employee's interest is concerned.

481 medical declarations were accepted during the year, and 44 medical examinations were undertaken following declaration. One person was rejected on medical grounds. A further 48 medical examinations were made for other authorities and following sickness in Council staff.

NATIONAL ASSISTANCE ACTS, 1948 AND 1962

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

No cases were removed from their homes under a Section 47 order, but two cases were investigated with this possibility, during the year :—

(a) An elderly woman living alone was not caring for herself in a way to maintain her health, which was in consequence deteriorating. With the help of her family doctor she was admitted to hospital voluntarily.

(b) A man in his fifties suffering from multiple sclerosis was living with his daughter and son-in-law who were unable to care for him. This case should not have been considered for a Section 47 order, as the man was quite willing to go to hospital and was subsequently admitted.

Six other cases were considered for investigation *re* a Section 47 order, but in all cases discussion with the family doctor, and the person concerned, led to voluntary admission to hospital.

NURSING HOMES

(Public Health Act 1936, and Nursing Homes Registration Act, 1963).

There were no changes in registration during the year.

The Homes were as under :—

Argyll House (7 convalescent and chronic medical cases).

Nuffield Nursing Home (32 acute medical, gynaecological and surgical cases, including abortions).

Southcroft Nursing Home (4 chronic medical cases).

St. Olave's Home (12 mothers and babies).

St. Nicholas House (12 mothers and babies).

All the above Homes are conducted to a good standard and are regularly visited by a medical officer from the department.

NURSES AGENCIES

(Nurses Agencies Act 1957 and Nurses Agencies Regulations 1961).

There was one registration during the year as follows :—

The Exeter Emergency Nursing Service (Mr. H. S. Coldridge),
registered August 1968.

CHILD CARE

The Child Care Co-ordinating Conference continued to meet twice monthly during the year. 47 cases were discussed, of which 14 were new cases and 2 old cases re-opened. We were able to close 17 cases during the year, leaving 30 cases on the active register.

During the year the Children's Committee sub-let a Council house to a family for rehabilitation purposes. It has not been considered advisable yet to grant a permanent tenancy to the family.

One family had home help paid for by the Children's Committee.

HEALTH CENTRES

Work started in mid-September 1968 on the St. Thomas Health Centre (discussed in my last report), and it is expected that it will be in operation by the Autumn of 1969.

Future plans for Health Centres in Exeter are now under discussion between the Council, the Executive Council and the family doctors, and it is intended that the next one to be built will be in the Mount Pleasant area.

MATERNITY AND CHILD WELFARE

MATERNITY

BOOKINGS FOR GENERAL PRACTITIONER UNIT

EXETER MOTHERS

During 1968, the acceptable total number of monthly bookings stayed the same, viz. 73 for Exeter mothers and 42 for Devon County mothers, but the numbers of 48-hour discharge bookings included were varied to 35 per month for Exeter and 15 per month for Devon County mothers.

The order of priority for beds was as in previous years and out of a total of 1,087 Exeter applicants, only 65 were not, in fact, ultimately booked.

Mowbray Hospital (G.P. Unit) (Exeter Mothers booked).

Totals	Parity	Age				
		Under 20	20—29	30—34	35—39	40+
562	Primigravid	128	396	35	2	1
266	1 Para.	23	199	34	8	2
87	2 Para.	—	56	19	11	1
54	3 Para.	—	28	17	6	3
13	4 Para.	—	3	6	4	—
13	4+ Para.	—	3	5	3	2
995	TOTALS	151	685	116	34	9

Home Bookings.

Totals	Parity	Age				
		Under 20	20—29	30—34	35—39	40+
38	Primigravid	11	27	—	—	—
182	1 Para.	17	135	26	4	—
108	2 Para.	2	80	22	4	—
24	3 Para.	—	10	9	4	1
10	4 Para.	—	4	2	3	1
3	5 Para.	—	—	—	1	2
1	6 Para.	—	—	1	—	—
366	TOTALS	30	256	60	16	4

Mowbray Hospital Bookings for 1968 (Exeter Mothers).

- (a) Number of mothers who applied for a bed at Mowbray Hospital who were expecting their babies in 1968 1,087
- (b) Number of mothers accepted for confinement at Mowbray Hospital 995
- Number of mothers placed on the "waiting list" but not eventually booked 60
- Number of mothers who cancelled their bookings before they were "accepted" (including 16 waiting list cases) 27
- Number of mothers who were refused admission because no bed available 5
- } 1,087

(c) Number of those booked who were actually delivered at Mowbray Hospital (not all in 1968)	658	}	995
Number of those booked who were delivered at the City Hospital without cancelling their Mowbray booking, including 136 transferred from Mowbray after admission	196		
Number of those booked who were delivered at home without cancelling their booking	6		
Number of those booked who were delivered elsewhere without cancelling their booking	2		
Number who cancelled their bookings because of :			
(i) Miscarriage	15	}	133
(ii) Delivery arranged in the City Hospital	69		
(iii) Leaving the area	35		
(iv) Home confinement preferred	9		
(v) Other reasons	5		

These tables show that 265 (26%) of all mothers booked and accepted for Mowbray Hospital were delivered in the specialist unit at the City Hospital.

Mowbray Hospital Deliveries during 1968.

During the year, 1,009 babies were delivered at Mowbray, including 3 stillbirths. 637 of these were to Exeter mothers, including 1 stillbirth.

City Hospital Deliveries during 1968.

1,400 babies were delivered at the City Hospital during 1968, of which 570 were to Exeter mothers, including 14 twins and 17 stillbirths.

TESTS FOR PHENYLKETONURIA—1968

The Phenistix Test was used.

Tests at :

<i>3 weeks only.</i>	<i>6 weeks only.</i>	<i>At both 3 and 6 weeks</i>
197	339	828
Total 1,364 (94% of notified live births)		

All tests were negative.

It is hoped that the Guthrie Test will be introduced as the control method for screening babies as soon as the Regional Hospital Board can make laboratory facilities available.

CHILD WELFARE

Child Welfare Centres. (See Tables XXXIII and XXXII, pages 118 and 119.)

The number of children attending the child welfare centres was 3,700 (3,710 in 1967). Just over three-quarters of the children born in 1968 attended during the year. The total attendances were 2,900 fewer than in 1967—17,888 compared with 20,888. In terms of numbers Buddle Lane welfare centre is by far the largest and Pinhoe the least busy.

AUDIOLOGY SERVICE FOR THE PRE-SCHOOL CHILD

Comments by Miss G. M. BASTOW (health visitor).

Testing at home.

As in previous years, routine screening tests of hearing have been carried out in the homes of children under 5 years of age. Comparative tablets for the period 1965-68 are given below :—

<i>New Cases :</i>	1965	1966	1967	1968
Under 2 years of age	284 (284)*	440 (420)	471 (420)	452 (407)
2—5 years of age	102	77	44	100

* Figures in brackets denote babies listed as "at risk".

<i>Re-tests :</i>				
Under 2 years of age	121	56	51	51
2—5 years of age	—	141	224	139
<i>Annual totals</i> ...	507	714	790	742

Audiology Clinic.

During 1968, 23 sessions were held, at which 50 pre-school children were seen, making 89 attendances ; 40 were new cases.

Treatment and recommendations were made as follows :—To combined Assessment Clinic 5 ; for further medical investigation 16 ; for psychologist 10 ; to speech therapist 14 ; to teacher of the deaf 9 ; junior training centre 1 ; play group 3 ; 58 were to be kept under observation ; 1 was discharged.

Combined Consultants' Clinic.

Five sessions were held during the year, at which 9 new cases were seen and 6 old cases reviewed. One child persistently failed to attend. 2 were thought to be possibly cases of specific language disorder, one of them being referred to the Manchester University Department of Education for the Deaf. Hearing aids were provided for 6, surgical treatment for 2.

Parent Guidance.

Monthly sessions have been held at the Audiology Clinic (see Miss Godsland's report), at which the average attendance has been 5 parents. Throughout the year 14 parents have attended one or more sessions.

Other comments.

It is becoming noticeable that a number of children who were thought profoundly deaf when under 2 years of age, are subsequently shewn to have a considerable amount of, or even normal, hearing by the time they are 4—5 years of age, yet fail to respond to speech training by any method employed. These children probably have a specific language disorder; for them diagnosis and educational placement is a great problem. They are often referred to as "aphasic" and it is the opinion of some authorities that this is the more likely diagnosis for some "rubella" children who appear deaf. Dr. Murphy, of the Audiology Research Unit in Reading, considers that the clue to early diagnosis in these infants lies in their retardation in "language" development; i.e. in cooing, gurgling, babbling, etc.

The audiological diagnosis of the young child with difficulties in speech is multi-disciplinary and it is helpful that the Council's speech therapy unit and the audiology unit are side by side.

Comments by MISS M. M. GODSLAND

(peripatetic teacher of the deaf)

The recent greater awareness of such categories among the pre-school children, as the generally-retarded, the speech-retarded, the emotionally-disturbed and the language disordered, is due to the greater refinement of testing techniques, and closer observation of the children.

The Pre-School Hearing-Impaired Child.

Of a group of 7 children being seen regularly by the teacher of the deaf at the beginning of the year, 2 have passed into school, 2 have improved their levels of hearing and are now receiving help from the speech therapist, 2 appear to be coping adequately at present and 1 is still receiving help over developing speech and language.

A certain hard-core of severely hearing-impaired children remains. At the end of the year there were 7 children under the age of five being seen; 6 hearing-impaired and 1 language-disordered; 2 are almost certainly severely subnormal mentally, and one is probably of above average I.Q. These pre-school age children need more attention and time than older hearing-impaired children, and parent guidance is necessary.

Of the 6 hearing-impaired children, the 2 severely subnormals have moderate conductive deafness which seems to be

showing an "intermittent" pattern with variable levels. The other 4 are severely or profoundly deaf, 1 through meningitis at five months; 2 children are sisters; another is presumed to have become deaf after measles, as her behaviour became severely disturbed at this time.

The 4 youngest children have all been issued with hearing-aids this year at ages varying from 10 months (a commercial aid being supplied) to 2½ years. In general this has been a year of earlier ascertainment and of earlier issue of hearing aids which are vital to the development of language and communication in hearing-impaired children.

Parents' sessions have continued once a month and usually some half a dozen attend. Initially these were social occasions so that people could get to know each other, but during the last six months relevant short discussions have taken place.

Three deaf children of pre-school age have transferred into the city and are now attending the School for the Deaf.

BIRTH CONTROL

In 1968 the annual grant made by the City Council to the Family Planning Association was increased from £200 to £350 on condition that the free service already given to women on medical grounds would be extended on recommendation from the Health Department, to mothers of problem or incipient problem families (stably co-habiting women in both groups being included). The Exeter Clinic is at 4 Barnfield Hill. The Association also conducts counselling sessions for young persons: I believe the present trend to counselling young people without any immediate or reasonably early prospects of marriage, in regard to contraceptive techniques is positively bad for the public health. It is likely to be destructive of the integrity of the family, and conducive to promiscuous behaviour. The rising incidence of venereal disease in the country is in part attributed to the mistaken idea that for those using "the pill" extra-marital relations are without risk.

BUDDLE LANE DAY NURSERY

Children attended for the following reasons:—

- (a) in 30, the mother was the sole provider for the family;
- (b) in 16, because of physical ill health in either the child or the mother;
- (c) in 7, because of mental ill health in child or parent;
- (d) in 5 (short-term), during the mother's confinement;
- (e) in 12, both parents were working because of financial pressures;
- (f) in 5, the parents were students.

Table XXV.
BUDDLE LANE DAY NURSERY.

NURSERY						Buddle Lane	
AGE GROUP IN YEARS						0—2	2—5
Number of Places	....	....	....	....	....	20	25
Number on roll at beginning of 1968	....	....	....	....	....	5	35
Number admitted	....	....	....	....	....	15	36
Number removed from roll	....	....	....	....	....	5*	41*
Number on roll at end of 1968	....	....	....	....	....	11*	34*
Maximum Attendance	....	....	....	....	....	12	32
Minimum Attendance	....	....	....	....	....	1	8

* 4 children became 2 years old during the year and transferred to the 2—5 age group.

The general health of the children has been good ; 3 had mumps, 2 German measles, 1 chicken pox and 8 have been absent with Sonn  dysentery.

There have been three medical inspections during the year, each child being examined at least once. One child was referred to the Eye Infirmary, 3 have attended the Audiology Unit, 3 have received speech therapy and 2 dental treatment. Four of those admitted during the year were young babies ; all have made good progress.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948, AS AMENDED.

Section 60 of the Health Services and Public Health Act, 1968 extends the scope of the 1948 Act to include first, premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day, and secondly, persons who in their own homes and for reward look after one or more children under the age of five, to whom they are not closely related, for similar periods. This Section operated from 1st November 1968. The requirements of the Act were publicised in the press, in the clinics, and on public notice boards. At the end of 1968 no registrations had been made as a result of the Act, but a number of applications were being dealt with and these have increased considerably since.

At the end of the year 18 registered day nurseries were caring for 415 children, and 17 registered child-minders were caring for 112 children. They included 8 nurseries (194 children) and 8 child-minders (43 children) registered during the twelve months. All are visited quarterly by the superintendent health visitor, who made 115 visits in all.

Comment by Miss A. J. HEMINGWAY

(Superintendent health visitor).

Children may be left with "minders" from early morning until evening, five days a week, so for these substitute mothers the first essential is a kind heart and warm personality. Playgroups, on the other hand, are "child centred" in that they aim to provide a wider social environment for the pre-school child and introduce him to learning through play. Children usually attend for 2 or 3 hours a day only, and the Council requires a certain degree of experience in those supervising the group. Playgroups are normally held in church or community halls and take children from 2-5 years old. The rapid recent growth of the playgroup movement reveals the urgent need for nursery schools to provide for children aged 3-5 years. The health visitors feel there is a number of children in this age group whose social needs are not being met, and they are troubled about the difficulty in placing children in school at 5 years old.

10 selected severely physically handicapped children were placed in suitable playgroups (at the Council's expense, and transport was provided for 3 of them). Their progress was supervised by the health visitor for handicapped children, who advises playgroup organisers on their care.

THE UNMARRIED MOTHER AND HER CHILD

Comment by the City Social Worker—Miss B. CRAMP

(See Table XXXV—page 120)

Mothers left making their arrangements rather later this year—generally at the 5th or 6th month of pregnancy—but in several instances only a month or so before the expected date of confinement, and in 4 cases no arrangements had been made. Some doctors are loath to utilise the service for their patients, although this is sometimes, in the event, disadvantageous for the unsupported mother.

The majority of bookings were for Mowbray Hospital; only 3 bookings were made for a Mother and Baby Home in the City. Mother and Baby Homes now tend to be used more for mothers who wish to be cared for away from home—this applies to Exeter mothers as well as to those elsewhere.

Approximately one in ten of the mothers helped had come from other areas already pregnant. Most of the mothers were between 18 and 22 years, but 2 were only 14, and one 15 years old; 10 were over 30 and 1 over 40. They included factory workers, domestic workers, clerical workers, students and student nurses. In many cases the putative fathers were of the same occupation, the association probably having been formed at work, but a number of the men involved were long-distance drivers or working in the building trade, or working in this area

only temporarily. There were only two cases in which the putative father could not be named with any certainty by the girl concerned, but in a number of cases he had since left the area and could not be traced. 51 of the 69 babies born are being kept by their mothers.

Once again a word of appreciation is due to the foster mothers who care so well for the babies during the 5 to 6 weeks before they can be placed with their adopting parents, or in some cases, returned to their own mothers.

Also I have been much helped by co-operation from doctors, health visitors and medical social workers, not forgetting the Children's Department to whom I am most grateful for their willing help when needed, and, of course, workers from other areas. The babies placed for adoption have mainly been placed by the Diocesan Adoption Society, who are most helpful, and I would say that in every case infinite care has been taken to ensure as far as humanly possible the very best placing for the baby concerned.

ST. OLAVE'S HOME

(Owned by the Exeter Diocesan Association for the Care of Girls)

Number of admissions during 1968 (including 4 Exeter residents)	....	....	38
Number of children adopted (no Exeter residents)	....	....	12
Number of children taken by mothers or relatives (including 2 Exeter residents)	....		8
Number of children fostered (including 1 Exeter resident)	....	....	6

The domiciliary midwives delivered 16 mothers in the home.

ST. NICHOLAS HOUSE

(Owned by the Exeter Diocesan Moral Welfare Council)

Number of admissions during 1968 (including 4 Exeter residents)	....	....	42
Number of children adopted (including 2 Exeter residents)	....	....	27
Number of children taken by mothers or relatives (no Exeter residents)	....		15
Number of children fostered (including 2 Exeter residents)	....	....	4

The domiciliary midwives delivered 33 mothers in the home.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1968.

(ALVIN PRYOR, L.D.S., R.C.S., (Eng.)).

The City of Exeter's dental service supplies various needs. It is not, as popularly supposed, just "the school dental service". A fair proportion of our work is concerned with the dental care of expectant and nursing mothers, and of their pre-school children. These "under-fives" are our dental patients of the future, and dental supervision of this group should commence at an early age.

During the past year we started sending our letters, from lists compiled by the Health Department, to the parents of all children in the City reaching the age of three years. These letters stress the need for an early start in keeping a check on the child's dentition. Parents are invited to bring their "three-year-olds" to our dental clinics, by appointment, for this inspection. The actual inspection is made in as informal a manner as possible, the child often being examined standing up, or even seated on the mother's lap, the dentist either kneeling down or stooping so as not to appear a towering figure. There is little need to seat children in the dental chair at this stage; we want to get them used to their new surroundings as easily as possible. Sometimes, of course, a child will circumvent these proceedings by climbing up into the dental chair himself—in which case he is encouraged to do so.

Response to the letters has been good, for two reasons. Considerable numbers of toddlers have been brought to the dental clinics as a direct result, while the parents of others, who take their children regularly to their family dentists, have notified us of this in a great many instances. Either way, the children receive dental supervision, which is what matters.

We continued to inspect and treat these small patients in increasing numbers. Often it is this type of patient which experiences difficulty in obtaining treatment from dentists in general practice. It is usually the child's first contact with dentistry. The work therefore demands much patience and kindness, with gentle firmness when needed; it is time-consuming, demanding an aptitude with which not everyone is fortunate enough to be endowed. It pays big dividends, however, in the long run, when more extensive treatment may be required. Mothers are encouraged to bring their pre-school children when they themselves come for treatment, or when bringing along bigger brothers or sisters.

It is very discouraging for a child's introduction to dentistry to commence with a visit for multiple extractions soon after he begins to go to school. Yet many mothers seem to be unaware that children can be brought to our dental clinics before they actually start school, possibly because the words "School Dental Service" create that impression. Often these same mothers are

pleasantly surprised to learn that they can bring their children to our clinics no matter how young. We have examined and treated children from twelve months of age upwards.

Expectant and nursing mothers are eligible for free dental treatment, including the provision of artificial dentures and advice at any time during their pregnancy and for one year after the confinement.

Exeter is fortunate in having a large number of dentists working in the General Dental Service; the fact that these mothers can receive free dental treatment from any of these practitioners greatly reduces the number attending the City's clinics.

Talks on the care of teeth and gums were given at approximately six-weekly intervals throughout the year, to relaxation classes of expectant mothers at the Whipton, Alice Vlieland and Topsham welfare clinics. The mothers seem to appreciate these talks, and prefer "live" talks to dental educational films (I know, because I tried films in the past). Many of my audience do not even realise that there is a right and a wrong way to brush their teeth; and the wrong way can cause permanent damage. The talks last about twenty minutes, after which I hand out illustrated leaflets emphasising the main points about toothbrushing technique, and questions are answered. Quite frequently an interesting discussion follows. The dental officers all give similar instruction, as required, at the chairside.

My thanks go to the doctors, nurses, physiotherapists and health visitors who have helped us during the year. Particularly I would like to mention the Exeter District Midwifery and Home Nursing Service (Superintendent, Miss P. White), and the Matron of St. Olave's Home.

Expectant and Nursing Mothers.

Of the 86 inspected, the following details show the source of reference:—(a) maternity and child welfare department 12, (b) family doctors 6, (c) home midwives 17, (d) St. Olave's Home 12, (e) post-natal cases 15, (f) dental officers 24.

Pre-School Children.

480 pre-school children were examined, including 458 whose parents desired treatment or who were referred from child welfare clinics, and 22 in Buddle Lane Nursery (of whom 17 had sound mouths).

Mothers and Children provided with dental care—number of cases.

	Number of persons examined during the year.	Number of persons who com- menced treatment during the year.	Number of courses of treatment com- pleted during the year.
Expectant and nursing mothers	86	72	59
Children under five years and not eligible for school dental service	480	148	173

Forms of Dental treatment provided.

	Scalings and gum treatment	Fillings	Teeth otherwise conserved	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided	Patients X-Rayed
Expectant and Nursing Mothers	30	145	—	—	38	21	12	8
Children under five years, and not eligible for school dental service ...	2	39	178	—	262	155	—	—

A new venture undertaken during the year (after consultation with Mr. F. Riding, Chief Welfare officer) was to ensure that the residents of the eleven Residential Homes for the Elderly maintained by the City were able to receive any necessary dental treatment. The Homes were visited in turn, and individual dental inspections were carried out at the first four Homes for those residents who wished to be examined. Some Homes had a very small proportion of those so willing.

It was later decided that these dental inspections served little purpose. Therefore, when we came to the remainder of the Homes we requested the Matrons to let us know of any difficulty in obtaining necessary dental treatment for the residents in their care, under the National Health Service. We would then contact a local dental practitioner willing to undertake the treatment. Transport could be arranged if needed, to and from these dentists.

Local dentists were to be called upon, as we did not wish to appear as invading their service. Several of these dentists contacted expressed their willingness to take on this responsibility. There have, in fact, been few calls upon their services during the year from the Homes, but the facilities are now established for any possible future need.

Anaesthetics.

Our consultant anaesthetist, Dr. N. G. P. Butler, continued to give his regular anaesthetic sessions each week throughout the year, using the very safe 20% oxygen to 80% nitrous oxide technique, unsupplemented by any other anaesthetic agent.

We have also a small panel of doctors upon whom we can call for the administration of general anaesthetics in emergency; we can treat patients with a delay of only an hour or so, sometimes even less. We realise that here we have a considerable advantage over the dentist in general practice, who often works on his own. Patients requiring general anaesthetics are from time to time referred to our clinics by some of these general practitioners, because they know we will see the patient without undue delay. We are, of course, happy to oblige.

Staff.

There has been one change during the year, Mrs. G. A. Rampton, L.D.S., dental officer, who was with us for almost three years, resigned on November 15th. Mr. R. W. Slee, B.D.S., L.D.S., took up the vacant appointment on November 18th (transferring from the General Dental Service, thus following an increasing trend in this direction). We were thus extremely fortunate in having no break in service.

My dental officers and staff have worked steadily and well, as usual, throughout the year. I count myself very fortunate in having such a good and pleasant team and, over the years, so few changes of staff. My best thanks go to them all.

Fluoridation.

As usual, in my annual report I make mention of this safe and well-proven means of reducing tooth decay, especially in young children. The Minister of Health and Social Security removed the time limit, during the year, on the indemnity guaranteed to local authorities and water undertakings against possible legal action arising from fluoridation of the domestic water supply. Dental decay in the young children can be reduced by as much as 50% despite the ever-increasing consumption of sweets and pastries, provided these children have been drinking water fluoridated at the recommended level. This is only *one part* of fluoride to one million parts of water.

Exeter's water already contains a very small amount of fluoride (about 0.03 part per millin), and if brought to the optimum level recommended as above, would help the children enormously. Enough has been said in the past about the proven safety of fluoridation and the protection it offers at an average cost of a few pence per head per year. Fluoridation has the backing of all responsible health organisations throughout the world. More and more local authorities in this country are adopting fluoridation, including several new areas this year. Exeter, however, has decided to opt out of these benefits. We thus cannot yet cry "Fluoreat Exonia"!

MIDWIFERY

SUPERVISION OF MIDWIVES

Practice	Midwives who gave notice of intention to practise during 1968	Still practising in Exeter at year-end
Domiciliary	18	11
Hospital	44	28
H.M. Prison	5	3
TOTALS	67	42

DOMICILIARY MIDWIFERY

(See Tables XXXVI and XXXVII—pages 121 and 122)

Staffing. At the end of the year there were, as well as supervisory staff (equivalent $1\frac{1}{2}$), 8 midwives, of whom 4 are approved district teaching midwives. Staff shortages as well as a substantial increase in early discharge of mothers delivered in hospital have imposed heavy burdens on the staff.

Training—Part II School. 24 pupil midwives completed training and sat the second part midwifery examination; 23 passed at the first attempt and one on re-sitting. Arrangements have continued for two pupils of each intake to be seconded to Exmouth for district experience, and for all pupils to spend the first three months of training at the City Hospital.

Home Bookings. 366 mothers were booked for home delivery; details of their ages and parity are set out on page 67.

Of the primigravidae under 20 (total 11) and grand-multiparae (total 14), 3 were subsequently booked for hospital delivery and 1 admitted to hospital in labour.

Attendance at Ante-natal Sessions in Doctors' Surgeries. The arrangements for midwives to attend at ante-natal sessions in doctors' surgeries was extended during the year to four more doctors' practices, making a total of ten weekly and one fortnightly sessions. 3,684 ante-natal attendances were made by mothers at 400 sessions during the year. A midwives' ante-natal session where two doctors attend to see their own patients has also continued weekly. These arrangements for closer linking of ante-natal care are proving very satisfactory.

Haemoglobin Estimation during Pregnancy. Of 366 mothers booked and due in 1968, all except 9 were believed to have had at least one haemoglobin estimation in pregnancy and in 340 cases the result was known to the midwife.

Relaxation Classes. These classes have continued to be well attended and 601 mothers made a total of 3,396 attendances during the year. An evening class has been held in each course, at which the expectant mothers have been accompanied by their husbands, and where a physiotherapist, health visitor and midwife have combined in parentcraft teaching. This has proved a popular development.

Free Home Help for Ante-natal Cases. Free home help was provided for 6 cases, in 5 because of pre-eclamptic toxæmia and in 1 because of an acute chest infection late in pregnancy.

Emergency Ambulance Calls. On 8 occasions a midwife was called at the request of the ambulance service. On 5 occasions

the baby was born before, or shortly after, the arrival of the midwife, and all except one of the cases was subsequently transferred to hospital.

Home Deliveries. 310 mothers were delivered and attended by home midwives, including 49 in Mother and Baby Homes (16 in St. Olave's Home and 33 in St. Nicholas House).

Hospital discharge of Midwifery Cases. 1,045 mothers were discharged from hospital after delivery to the care of the midwife and 12,570 visits were paid to these cases. This was an increase of 86 cases over 1967 and a considerable increase in the number of cases discharged early. 329 (31%) of the mothers were discharged in the first three days after delivery in 1968, as against 145 (15%) in 1967. This is mainly because of a full year of planned early discharge for a proportion of mothers delivered in Mowbray Hospital, the arrangement having started in October 1967. The scheme of planned early discharge, where arrangements have been made during pregnancy, and help at home is adequate, ensures satisfactory care for the mother and baby. In fact, 46% of the mothers discharged before the eighth day were *unplanned* early discharges, not a very satisfactory state of affairs.

Owing to the difficulty of recruitment of domiciliary midwives, and the heavy burden placed on them by the present early discharge from hospital after delivery, we shall have to consider in 1969 reducing the present normal attendance by the midwives in such cases up to the 21st day after confinement, to the 14th. The health visitors will then take over the home visiting, unless exceptionally it appears desirable for the midwife to continue.

Trends in the Domiciliary Midwifery Service. In spite of a gradual fall in the number of domiciliary deliveries, both the number of recently delivered mothers attended by the midwives and the midwives' participation in ante-natal care has increased substantially over the last few years, as shewn below :—

Work of Domiciliary Midwives

Year	Deliveries in own home	Deliveries in Mother and Baby Homes	Hospital Discharges cared for	Total Cases	Ante-Natal Care		
					Home Visits	Clinic Attendances at	
						Midwives' sessions	Family doctors' sessions
1964	286	**81	525	892	4,943	2,497	—
1965	310	*81	816	1,207	5,855	2,824	—
1966	266	76	895	1,239	7,116	2,896	661
1967	282	58	959	1,299	6,516	2,757	2,781
1968	261	49	1,045	1,355	6,199	2,673	3,684
** Including 5 in H.M. Prison. * Including 6 in H.M. Prison.							

Inhalation Analgesia. 230 (71%) of all mothers attended at their confinement by the district midwives received some form of inhalation analgesia, almost all having nitrous oxide and oxygen. Of the remaining 72 mothers delivered at home, 56 preferred to have no inhalation analgesia, and in 16 cases labour was too quick.

Asphyxia of Babies. The number of babies requiring treatment for asphyxia at birth was 22 ; oxygen (face mask), Bleas-Samson resuscitator and Vandid being used according to circumstances ; all babies responded satisfactorily.

Evaluation of the condition of the Newborn Infant.

Number of babies where Apgar rating made 300

<i>Apgar score :</i>	<i>Number of babies</i>
1	1
2	2
3	—
4	6
5	4
6	11
7	17
8	50
9	151
10	58

This assessment is made one minute after the birth of the baby, and was recorded in all except 8 of the 308 live births at home.

Low-weight Babies delivered at home. 13 babies of 5½ lbs. or under were delivered at home. 3 (only one of which was booked for home delivery) were under 5 lbs. and were transferred to the Special Care Unit at the City Hospital and made good progress.

National Dried Milk. 138 tins of national dried milk were sold from the Nurses Home Headquarters at week-ends and Bank Holidays, when the usual depots are closed.

Abortions. The Abortion Act, 1968 came into force during the year. We know of 130 abortions in 1968, but as the notification of abortions under the Act go direct to the Chief Medical Officer of the Ministry, we do not know how many were carried out under the Act.

During 1968 the district midwives nursed 41 cases of abortion. Of these, 32 were nursed entirely at home and 9 admitted to hospital. Only 7 of these cases were booked for confinement.

No abortions were carried out at the Nuffield Nursing Home, which was registered under the Abortion Act, 1967.

<i>Year</i>	<i>Cases</i>	<i>In hospital</i>	<i>At home</i>	<i>Mother included in both figures</i>
1963	91	58	42	9
1964	114	62	69	17
1965	93	72	37	16
1966	124	85	49	10
1967	107	74	35	2
1968	130	98	41	9

HEALTH VISITING

(See Table XXXIX—page 125)

Staff.

One health visitor was retired on health grounds. The sponsored student successfully completed her course and joined the qualified staff (under contract) in September.

In-Service Training.

The Central Council for Health Education arranged a demonstration on teaching methods, and gave an illustrated talk on Drugs and Addiction. Health visitors attended, by courtesy of Dr. Lyons (County Medical Officer), a study day for the Devon County health visitors, on health education in school, etc. Films on health topics have been shown by our health education officer, Miss Robertson.

One health visitor took the Group Advisers' 4-week course.

Students.

44 Technical College students, and 96 nursing students made observation visits to the clinics and day nursery, and 55 nursing students spent a whole day with a health visitor. Two sociology students from the University spent one day weekly with health visitors, during the autumn term. The Superintendent Health Visitor gave 11 talks to professional and lay audiences.

Attachment and Liaison, Family Doctors.

An experimental scheme of practically full attachment of one health visitor to one group practice (3 doctors) will be started early in 1969. Health visitors who will staff the St. Thomas health centre, due to be opened next autumn, are considering methods of working with the general practitioners based there. The health visitors, generally, continue close liaison with family doctors and hospitals as before.

Parentcraft.

With the kind co-operation of the superintendent of midwives, in 1968 health visitors have been more closely integrated with the parentcraft and relaxation classes for expectant mothers.

A popular innovation is the "Family Evening" to which fathers are invited. A film on the birth of a baby is shown, and a midwife, a physiotherapist and a health visitor form a panel to answer questions. Four parentcraft courses were held, with 8 classes to each course.

The health visitors have given 132 talks to groups of expectant mothers in 1968.

HEALTH VISITING OF PHYSICALLY HANDICAPPED CHILDREN

Various medico-social problems concerning the following numbers and categories of children under 5 years old and their parents, have been dealt with during the year :—

<i>Primary Handicap</i>				<i>Aged 0—5 years</i>
Deaf or partially hearing	....	....	....	7 (2)*
Blind or partially sighted	....	....	....	8 (2)
Cerebral palsy	....	....	....	10 (3)
Epilepsy	....	....	....	1
Spina bifida and/or hydrocephalus	....	....	....	7 (1)
Autism/psychosis	....	....	....	2
Specific language disorder	....	....	....	1
Congenital heart defect	....	....	....	2 (1)
Skeletal abnormalities	....	....	....	2
S.S.N.	....	....	....	6 (6)
TOTALS				46 (15)

* (Brackets denote dual or multiple handicaps, the child only being included in the category of his greater disability).

During the year 67 home visits were paid to pre-school children. In addition a considerable amount of co-ordinating work, giving, receiving, and passing on relevant information between hospitals, special clinics, schools and various local authority departments, was carried out at office level.

Deaf and Partially Hearing.

Co-operation with the School for the Deaf continues active and cordial.

Blind and Partially Sighted.

At present little help is available to the parents of partially sighted children under 5 years of age, partly because of the

apparent difficulty of assessing the visual acuity of very young children. Would it not be helpful to have a peripatetic teacher qualified and experienced in this kind of educational care?

Cerebral Palsied.

Contact with the Spastics Clinic has been maintained throughout the year. Vbranch House, well equipped with medical facilities, was opened for the treatment of children in October, and in December the selection panel considered which children (up to 9 years of age) should attend the day school and nursery section when it opens in April 1969.

The parents of severely physically disabled children are going to shoulder more of the responsibility of care for a much longer period than heretofore; medico-social problems will arise and they will need support.

Autism (Psychosis).

Children in this category are few and often present as cases of auditory imperception, making it difficult to diagnose the degree of deafness, if any. In the main they are kept under frequent observation by the child guidance clinic team, but there is also a necessity to review them at the audiology clinic from time to time until the diagnosis is complete.

Playgroup placement.

The Council's sponsoring for playgroup placement has proved of benefit to a number of physically-handicapped children, some of whom will enter Vbranch House School or Nursery-class in April 1969.

GERIATRIC VISITING

1,582 visits were paid by health visitors to the elderly (i.e. of pensionable age) in 1968; 390 were to persons first referred during the year. The sources of referral show a similar pattern to last year's, but there were more requests made for visits on discharge from hospital; (188 in 1968, 102 in 1967).

The first reference necessitates an initial visit for assessment of need. Where the need is for services, e.g. district nurses, or home helps, this is almost immediately met. Other cases which shew, for example, a need for re-housing or for admission to a residential welfare home, take much longer to satisfy, and therefore require persistent follow up and support. Many elderly caring for a sick or frail partner need quite a lot of support and advice.

Two small assessment clinic surveys were conducted in two G.P's surgeries during the year—looking at the physical health and social conditions of a group of 70 year olds. The following table presents a breakdown of findings.

ELDERLY—ASSESSMENT CLINIC

	Practice I	Practice II	Total
Invitations sent	49	34	83
Acceptances	29	13	42
Refusals	6	12	18
No replies	14	9	23
Patients medically clear	4	3	7
Conditions found in	25	10	35
10% over ideal weight	9	3	12
10% under ideal weight	3	1	4
Requiring dental attention	3	1	4
Requiring better spectacles	1	1	2
Ill-fitting dentures	—	1	1
Hearing loss due to wax	4	1	5
Hearing loss—other causes	1	7	8
Requiring chiropody treatment	1	5	6
Skin condition (allergy)	—	1	1
Skin condition (lupoid?)	1	—	1
Pigmented moles (increasing number and size)	—	1	1
Pruritus vulvae	2	—	2
Muscle cysts	2	—	2
Fibroma	1	—	1
Undiagnosed abdominal mass	—	1	1
Leukoplakia	—	1	1
Hernia	1	—	1
Varicose veins	3	—	3
Dupuytren's contracture	1	—	1
Clinical anaemia	—	1	1
Hypertension	—	1	1
Breathlessness	—	2	2
Glycosuria	—	1	1
Calcareous deposits extensor sheath fingers	—	1	1
Depression	1	—	1

SOCIAL FINDINGS :

Total home visits 31

Need for Home Help service	2	2	4
Housing needs for investigation	2	1	3
Mental Health support	1	1	2
Need for "club" contact	1	—	1
Too large a house for one occupant	2	—	2

Breakdown of reason for "no replies" and "refusals"

Feel too well	5	Does not feel the need	2
No reason given	3	Would not want to know results	3
Does not think elderly complaints can be treated	1	Recently treated by G.P. or has regular G.P. attention	6
Did not receive invitation — but will not attend	2	Did not receive invitation — would like to attend	2
Changed mind and will attend — G.P. persuasion	1	Away from Exeter nursing sick relatives	2
H.V. persuasion	2	Letter to wrong address	1
Not yet seen—no reply to 1st and 2nd visit	3	Lost contact—no forwarding address	5
No reply after 3 visits	3		

5 cases will need "follow-up" visits by H.V., as they present need for help in respect of (a) home help services and (b) housing referral.

Some criticism has been made that perhaps the 70 year age group were too young—but the survey figures show a sufficient number of conditions (social and medical) which could be treated or alleviated. The main purpose of working with the elderly is to prevent chronic and premature dependence.

Housing needs of the Elderly.

The geriatric health visitor (Miss Y. Caselli) and social workers of the housing and welfare departments have met weekly over the past year to discuss the nomination of tenants for housing (sheltered or otherwise) suitable for elderly persons. This has proved useful, in the selection of the most urgent cases, and in focusing attention on the housing needs of this group. A total of 186 cases were referred and discussed in 1968.

Suitable housing is a substantial factor in the continued independence of the elderly; unsuitable housing, coupled with physical disabilities, is often the first problem to be met in helping these people in their own homes. Difficulty with stairs, innumerable and awkward steps, high old-fashioned baths, inaccessible toilets, all gradually reduce a person's ability to cope, so that they have to appeal for outside supporting services, which, in turn, and in a sense, limit their independence.

There is only a small number of sheltered and warden service bungalows—but a fairly good number of elderly are re-housed in one-bedroom flats throughout the City. Unfortunately the facilities do not match the demand and the elderly have often to wait too long a time for re-housing because their "points" allocation fails to reflect their actual need—this waiting period sometimes makes all the difference, contributing to total social breakdown and necessitating residential care.

Improvements in the geriatric service might be effected by :—

- (a) Open geriatric assessment clinics where the elderly can attend for medical assessment and social counselling.
- (b) A more positive co-ordination between the health and welfare and housing departments—to reduce duplication of visiting and improve communications.
- (c) A more integrated voluntary social service, with stronger links between voluntary workers and local authority officers.

HOME NURSING

(See Table XXXVIII—pages 123 and 124)

Staffing. At the end of the year there were, as well as supervisory staff (equivalent $1\frac{1}{2}$), 23 home nurses (20 state registered and 3 state enrolled; 20 of them were "district trained").

Training. 14 nurses (6 for Exeter, 8 for other authorities) took district training during 1968, and all passed the examination.

From May 1968 the Queen's Institute of District Nursing ceased to supervise district training for state registered nurses ; our training school is now directly approved by the Department of Health and Social Security.

11 pupil nurses from Redhills, Marl pits and Exmouth Hospitals, who had taken two weeks' district training in 1967, returned for a further six weeks' training in 1968 and a district nursing assessment conducted by the Queen's Institute of District Nursing under a scheme approved by the General Nursing Council ; 10 were successful. 6 pupil nurses took two weeks' training under this scheme and will complete a further six weeks in 1969. In addition, the 3 state enrolled nurses on our own staff joined with the pupil nurses in district training and were successful in the district assessment.

Post-graduate Courses. Two home nurses each attended a one week's post-graduate course.

General Cases. There was an increase of 200 cases nursed during the year and 98,001 nursing visits were paid, 8,350 more than in 1967. This increase was all concerned with cases of degenerative disease.

Late Night Visits. 1,203 general nursing visits were paid after 8 p.m. during 1968, and we continue to maintain a 24-hour service for emergency calls.

Mobile Meals. The home nurses delivered 410 meals to patients at the week-ends, where there was no other means of obtaining a hot meal. (Because of increased work we have had to restrict this to patients who had previously been having meals at week-ends.)

Night Home Help Service. Night home helps were provided for 86 cases during the year. This service is very useful in allowing patients to stay at home and giving relief to relatives in cases of terminal care. 35 patients having a night home help died at home ; 27 were transferred to hospital ; and a further 20 recovered sufficiently to manage without help at night.

Loans Service. This service continues to be well used. A total of 4,708 articles were loaned, and we have a stock of 2,634 articles (including linen). Among items stocked for the first time this year were a special cardiac bed and a large-celled ripple bed ; these items enabled two patients to be nursed at home, who would otherwise have required hospital care.

Soiled Linen Service. Articles laundered under the linen service during 1968, 15,686. (sheets 13,600, pillow cases 896, blankets 12, clothing, etc. 1,178.)

Number of patients using linen service during the year 440

Number of disposable sheets used during the year 16,928

There were 1,269 more articles laundered and 1,101 more disposable sheets supplied than in the previous year, due to the increase in the number of cases of degenerative diseases nursed, where this service is most valuable.

Protective Clothing for Ambulant Incontinent Patients.

Number of patients supplied with protective garments 28

Number of garments supplied 35

Number of disposable linings supplied 7,917

There has been a slight increase in the number of patients to whom these garments have been supplied. This service meets a small, but very real, need.

VISITS TO PATIENTS SUFFERING FROM CARCINOMA 1961—1968

Year	No. of Visits	No. of patients nursed	% of patients over 65 years of age
1961	5,346	130	65%
1962	8,515	156	62%
1963	6,412	153	61%
1964	5,418	154	54%
1965	4,903	161	57%
1966	6,121	165	63%
1967	5,197	161	62%
1968	6,984	183	61%

HOME NURSING DURING 1961-1968.

Year	Total visits	Casual visits	No. of cases	% of cases over 65 years of age
1961	81,717	3,718	2,591	58%
1962	91,547	4,886	2,492	57%
1963	91,399	5,809	2,670	56%
1964	88,958	5,602	2,492	59%
1965	90,623	4,626	2,560	60%
1966	94,472	4,305	2,731	63%
1967	90,351	4,118	2,686	64%
1968	98,001	3,753	2,886	66%

Premises. Adaptations to the premises at the rear of 15-18 Howell Road were completed to the City Architect's plans in the spring, providing very satisfactory new general district and sterilising rooms and extending and greatly improving the midwifery district room.

HOME NURSING DURING 1968.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative diseases and senility	1,088	1,603	79,487	76
Tuberculosis	8	13	555	31
Acute diseases incldg. infectious disease	490	511	5,054	51
Maternity	66	67	701	—
Gynaecology	126	129	443	97
Accidents	96	120	2,732	79
Others	397	443	9,029	45
Totals	2,271	2,886	98,001	66

Casual visits 3,753
(Not Nursing)

VACCINATION AND IMMUNISATION

(See Tables XL-XLIV—pages 126-127)

Smallpox Vaccination. 996 primary smallpox vaccinations were effected during the year; 767 were of infants under 2 years of age. 338 persons were re-vaccinated.

Diphtheria, Whooping Cough and Tetanus Vaccination. 1,506 children received primary courses during the year, of whom 1,200 were under one year of age. 964 children received booster doses at about 18 months of age, and 1,195 at 5 years old.

Poliomyelitis Vaccination. 1,362 children received primary courses of poliomyelitis vaccine during the year; of these, 1,256 were under one year old. 943 children received a booster at about 18 months and 1,179 at about 5 years old.

Table XXVI.

1967—TABLE OF VACCINATIONS AND IMMUNISATIONS BY COUNTY BOROUGHS AND LONDON BOROUGHS
PERCENTAGE OF CHILDREN VACCINATED BY 31.12.1967

Details abstracted from Ministry of Health C.M.O.'s Report
for 1967, page 263 (H.M.S.O. 1968)

CHILDREN BORN 1965				TOP FIVE				CHILDREN BORN 1966				SMALLPOX (Children under 2 years)
WHOOPING COUGH	DIPHTHERIA	POLIOMYELITIS		WHOOPING COUGH	DIPHTHERIA	POLIOMYELITIS		WHOOPING COUGH	DIPHTHERIA	POLIOMYELITIS		
(1)	(2)	(3)		(4)	(5)	(6)		(7)				
HARROW 93% (London Borough)	HARROW 93% (London Borough)	BEXLEY 95% (London Borough)		WARLEY 95%	WARLEY 96%	WARLEY 92%		DUDLEY 73%				
OXFORD 91%	OXFORD 92%	HILLINGDON 90% (London Borough)		HILLINGDON 94% (London Borough)	HILLINGDON 95% (London Borough)	CROYDON 92% (London Borough)		MANCHESTER 72%				
EXETER 89%	EXETER 89%	SUTTON 90% (London Borough)		PORTSMOUTH 92%	WORCESTER 93%	WORCESTER 91%		WORCESTER 67%				
BEXLEY 88% (London Borough)	BEXLEY 89% (London Borough) GREENWICH 89% (London Borough)	WORCESTER 90%		WORCESTER 92%	PORTSMOUTH 92%	DUDLEY 89%		EXETER 65%				
GREENWICH 88% (London Borough)	RICHMOND-UPON- THAMES 89% (London Borough)	OXFORD 89%		OXFORD 91%	OXFORD 91%	HILLINGDON 89% (London Borough) SOLIHULL 89%		CARLISLE 64% EASTBOURNE 61%				
		EXETER 86%		EXETER 86%	EXETER 86%	EXETER 86%						
ENGLAND AND WALES 76%	78%	75%		74%	75%	71%		39%				

This table shows the splendid acceptance of Exeter parents on behalf of their children of the immunisation facilities available, through the Council and the family doctors. I have taken out the "top 5" County Boroughs and London Boroughs, as shown in the report of the Chief Medical Officer of the Ministry of Health for 1967. The West Sussex County Council has the best record of all local health authorities. It must be admitted we have slipped a bit; but curiously we have pulled up in smallpox vaccination.

Measles Vaccination. Vaccination against measles, using a live attenuated vaccine, was started from 1st May 1968. During the first three months vaccination was limited to children (between the ages of 4 and 7 years) who had not already had measles, and children between 1 and 4 years of age in day nurseries or residential nurseries. The parents of all these children were informed, and special vaccination clinics were arranged. From 1st August 1968 vaccination was extended to all children between 1 year and 15 years of age who had not already had measles. The parents of children between 1 and 4 years of age were informed and some general publicity was achieved. In future children will become eligible for vaccination when they reach their first birthday, and the parents will be written to, during the month after their child's first birthday, encouraging them to have measles vaccination. The family doctors have co-operated fully with the health department and have treated rather more than half those vaccinated.

Yellow Fever Vaccination. Under the Council's arrangements for yellow fever vaccination, 431 persons were vaccinated, 63 being children. All were going abroad and required an international certificate of yellow fever vaccination.

Influenza Vaccination. Influenza vaccination against the A2 Hong Kong influenza virus was offered, in order of priority, to the staffs of health, education, child guidance, housing, children's, fire, transport, surveyor's and welfare departments.

73 of the health department staff and 106 of the other departments were vaccinated.

T.A.B. Vaccination (against Typhoid and Paratyphoid). T.A.B. inoculation was offered to parties of schoolchildren attending the Council's schools who were going abroad on educational visits.

In the four schools concerned, 216 children received this vaccination.

AMBULANCE SERVICE

(See Tables XLV and XLVI—page 128)

General. The advantages of having moved to new premises becomes more apparent as time passes. Congestion in the main city streets during the daytime increases, but movement to and from the main hospitals is much easier from our present location.

Progress has been made with some of the recommendations contained in Parts 1 and 2 of the Millar Report. Two junior drivers have attended a six weeks' course for the Ambulance Services Proficiency Certificate at one of the Ministry's approved training schools, and three senior men attended courses of one week's duration for officers and potential officers. These courses

are approved by the Local Government Training Board, which reimburses part of the cost. At the invitation of the Devon County Medical Officer (Dr. J. Lyons) we sent three drivers to one week Local Training Courses organised at County Hall, Exeter.

Vehicles. We still have 11 vehicles. One old ambulance was replaced by one fitted with a trolley stretcher, as recommended in the Millar Report. This stretcher is favoured by ambulance crews, but it is also expensive. It has been suggested that the extra cost may be offset later because the stretcher may still be fit for further use when the vehicle is replaced. The Morris type loading gear, as used in our other, older ambulances, is strong and simple and will last until the vehicles are replaced.

One new replacement vehicle was ordered in August but had not been delivered by the end of December. Another two ambulances are due for replacement in 1969/70.

Ambulance Journeys. Accident calls increased from 986 to 1,013, and acute illnesses and other emergencies from 1,495 to 1,670 this year; ordinary removals to and from hospitals also increased from 12,311 to 13,565. The transport of persons to and from Nichols Centre ended on 31st March.

It appears that the continuous liaison with the County Ambulance Control is reaching its limit of effectiveness, and now only about 26 per cent of our mileage is chargeable to Devon.

The number of geriatric patients moved to and from Redhills Hospital for afternoon treatment twice weekly has grown during the year, and if this is extended to include day hospital treatment, we hope to be able to help in this useful work.

Rail Journeys. These remain much the same as before, except in the matter of costs which grow steadily each year.

Air Transport. Two patients were conveyed by air, one to Stoke Mandeville by R.A.F. helicopter in April, which cost £203, and one to Oxford by a privately chartered, fixed-wing aircraft in September, the cost being £120. The difference in cost of these two types for similar distances is considerable.

Staff. One ambulance driver was added to the establishment. He was engaged as a day-worker in the early part of May.

PREVENTION, CARE AND AFTER CARE

(Section 28 of the National Health Service Act, 1946).

HEALTH EDUCATION

The theme for the year was "total well-being throughout life", the topic each month being related to the age-range at which it is of particular importance. Members of the Council and of other organisations have contributed articles in our inset

in the *Better Health* magazine in reference to each monthly health topic. Some of them have also appeared in the *Express and Echo*. Posters have been displayed on the boards still available, and also circulated to schools, clubs and other organisations.

Courses have been arranged as in previous years in secondary modern and other schools and colleges. The health education officer has welcomed invitations to speak at both council and independent schools on subjects of current importance. A course of monthly health talks at the Nichols Centre is proving extremely popular with the junior trainees. Demonstrations, talks and discussions have been arranged for clubs for the elderly, women's organisations and groups of young people. The most popular have been concerned with nutrition, posture, cancer, smoking, drug dependence, accident prevention and the direct method of resuscitation. This last has gained prominence as it is now included in the training programmes of Scouts, Guides, Cubs and Brownies.

The Estates and Markets Committee have continued to make a large showcase in the market available for health education purposes. Displays have been arranged to illustrate Water Safety, Good Values, and in support of Mental Health Week, and the "Keep Britain Tidy" campaign. A photograph of our Water Safety display provided the focal point of an article in RoSPA's "Safety News" dealing with safety in inland waterways.

"Hedgerow Poisons" at Exeter Flower Show; "Problems of Retirement" in the Mental Health Week exhibition; "World Health Week" display by courtesy of the City Librarian in the foyer of the municipal library.

Visual Aids Library. The service is now used by hospitals and schools as well as by members of the health department, student teachers coming frequently for advice and teaching material, acting in a sense as "field workers" for the department. Health education publications forming the nucleus of a library are being obtained for the use of health visitors and other members of the staff. Teaching aids and "hand out" leaflets are provided for mothercraft classes now being run jointly by the district midwives and health visitors.

Films, etc. in In-Service Training. This is a rather new development arranged for the medical and other professional staff of the department, and on occasion other interested professional groups are invited, the subsequent discussion proving fruitful.

HOME SAFETY COMMITTEE

(Chairman, ALDERMAN MRS. M. NICHOLS)

The Committee met quarterly and continued to do useful work in close liaison with the National Home Safety Committee of the Royal Society for the Prevention of Accidents. The

committee have enjoyed the continued co-operation of the *Express and Echo* in making the public aware of its activities.

Chip Pan Fires. We organised a campaign about chip pan fires in 1967, and their incidence appeared to lessen, but it is now greater than it was before the campaign started. RoSPA was made aware of the position and local publicity renewed.

Polystyrene Ceiling Tiles. Every effort was made to make the public aware of their flammability.

Japanese Rattles. A complaint was made by a mother who had recently purchased one of these for her baby, about the sharp metal prongs found inside the rattle which had split open. Action was taken locally to stop the sale of these toys as dangerous, and RoSPA was informed. I understand that they are not now imported.

Toxic Fumes in Dry Cleanerettes. Letters were sent to local Dry Cleanerettes pointing out RoSPA's recommendations concerning the display of warning notices. It is very important, especially in coin-operated dry cleaning establishments, to make sure the clothes are well aired before using them again.

Firework Safety. With the assistance of the Weights and Measures Department and the staff of local schools, an intensive campaign was carried out. Casualty figures from the West of England Eye Infirmary and the Royal Devon and Exeter Hospital showed that fireworks caused 12 minor injuries, only 4 of which were in children under 10 years of age.

Fireguards. The committee were sympathetic to the Fire Brigade Union's campaign for the supply and fitting of fireguards to all council houses as and when erected, and for the bulk purchase of fireguards at a reduced price for supply to families with children and elderly or disabled people. This proposal was forwarded to the Health Committee which was informed by the City Architect that post-war Council houses in the City already had the necessary fittings, and that when pre-war houses were undergoing modification, fireguard fittings would be provided. The Health Committee asked the Home Safety Committee to continue its educational effort in this matter. A survey by a member shewed that in only one shop in the city were British Standard guards offered for sale. Fireguard displays were made in clinics during the winter months.

Paper Layettes. The Committee brought these to the notice of the National Home Safety Committee, which is discussing the flammability risk with the manufacturers.

Procraft Safety Gate for Stairs. This was displayed in infant welfare clinics.

Regional Home Safety Council. Meetings have been held quarterly at Exeter, Liskeard, Plymouth and Truro, and attended by delegates from this committee. The Council is proving a helpful means of stimulating exchange of ideas and finding solutions to common home safety problems.

Home Accident Prevention Conference. This was organised at St. Luke's Theatre on October 11th, under the chairmanship of Mr. Norman Capener, with a panel of four specialist speakers. It was poorly supported in spite of wide publicity ; public apathy about safety in the home still has to be overcome.

Home Safety Education. The health education officer has been invited to arrange talks and demonstrations for women's organisations, and clubs for the elderly. The subject has also been included in all health education courses in schools and colleges. National campaigns supported in Exeter have included "Home Safety and Young People", "Care of Medicines", "Burns" and "Safety with Fireworks and at Christmas".

The Water Safety Sub-Committee. This committee met four times during the year. Two successful swimming courses were organised by Miss Punchard at the Municipal Baths ; the first concerned with personal survival was held during the spring and attended by 24 participants ; the second course in the autumn was on life saving, at the end of which 36 qualified for Royal Life Saving Society awards.

Public demonstrations of the direct (mouth to mouth) method of resuscitation and external cardiac massage were organised in a local motor showroom (by courtesy of Messrs. Hughes of Exeter Ltd.) by the health education officer on two days during May and again in September, and were well attended ; the assistance of instructors from voluntary organisations and the police and ambulance services was much appreciated.

The prevention of drowning accidents was the main theme of the committee's publicity. Posters were widely distributed and a static display mounted with the assistance of the Surf Life Saving Association of Great Britain stimulated considerable public interest.

HEALTH CARE OF IMMIGRANTS

57 newly-arrived immigrants were notified to us during the year. Of these, 39 were not seen, which is not satisfactory. The table sets out the various facts.

Table XXVII.

NOTIFICATIONS OF ARRIVAL OF IMMIGRANTS AND MEDICAL ARRANGEMENTS.

Country where Passport was issued	Notifications Received	Number Visited	Number X-Rayed	Number Heaf Tested	Number on G.P.'s List
COMMONWEALTH COUNTRIES :					
Caribbean	2	2	2	2	2
India	12	4	2	3	4
Pakistan	7	1	1	1	1
Other Asian	4	—	—	—	—
African	11	8	6	6	8
Other	20	3	1	1	3
Non-Commonwealth Countries :					
European	1	—	—	—	—
Other	—	—	—	—	—
TOTALS	57	18	12 (all satisfactory)	13 (11 + vc. 1 — vc. 1 not known)	18
		Not Seen (39) 2 could not be traced 9 to be contacted 1 would not co-operate 4 doctors 11 students 5 left Exeter 7 did not arrive	4 X-rayed prior to arrival 2 advised to attend M.R.U.	B.C.G. vaccination was advised for the negative case (a child) 5 positive prior to arrival	

TUBERCULOSIS — CARE AND AFTER-CARE

(See Tables XLVII-LVII—pages 129-135)

I regret to have to record the death in 1968 of Dr. R. P. Boyd, who had retired after a long illness in July 1968. He had served the City and the Regional Hospital Board faithfully over many years.

Although the chest physicians helped as much as possible, some clinic sessions have had to be cancelled and the programme re-arranged.

During the year a G.P. referral (x-ray only) clinic was started and 23 general practitioners referred 138 patients during the six months (July-December).

Once again there has been a re-organisation in the mass radiography service—having been administratively linked with the blood transfusion service. X-ray film has now to be sent to Bristol for development and reporting, not to Plymouth as previously.

Approximately 20% of the appointments sent out from the clinic during 1968 were not kept.

NOTIFICATIONS

New notifications numbered 15, a record low number.

Not all cases of tuberculosis are being notified, even posthumously. This makes the work of the chest clinic very difficult to complete.

Year	Respiratory	Non-Respiratory	Total
1962	30	8	38
1963	26	7	33
1964	29	4	33
1965	27	7	34
1966	15	10	25
1967	18	7	25
1968	14	1	15

8 persons named in the tuberculosis register died during the year—death being assigned to tuberculosis in 1 of them. In 3, tuberculosis was recorded in the death certificate as an associated but not the direct cause of death. 4 died from diseases other than tuberculosis; 1 from bronchitis, 1 from carcinoma lung and 2 from other causes. (2 persons not on the register died from pulmonary tuberculosis as assigned by the Registrar General, whilst a third aged 87 died from (1a) broncho pneumonia and (1b) old T.B. right upper lobe, but his death was not assigned by the Registrar General to tuberculosis, nor was his case notified.)

RE-ACTIVATION

There were 2 re-notifications during the year (husband and wife), both respiratory cases.

TRANSFERS

9 respiratory cases were "transferred in" from other areas, whilst 9 respiratory cases were "transferred out".

RECOVERY FROM TUBERCULOSIS

27 respiratory and 18 non-respiratory cases were taken off the register during the year as recovered, although the majority will still be kept under observation at the clinic. They included one case of "mistaken diagnosis" of respiratory tuberculosis.

CASES "LOST SIGHT OF"

There were 7 such cases during 1968; all have left the city during the past two years and their present addresses are not known. None was a recent notification and all were sputum negative.

TUBERCULOSIS REGISTER

At 31st December 1968 the number of notified cases still on the register was 257, once again shewing a marked decrease on the previous year's figures (301).

	Respiratory	Sputum Positive during 1968	Sputum Negative during 1968	Non- Respiratory
Men	130	7	123	3
Women	97	6	91	14
Children	13	1	12	—
TOTALS	240	14	226	17

CONTACTS

74 contacts were examined for the first time during the year, i.e. 5 contacts (on average) for each newly notified case. 3 new cases of tuberculosis were found during the routine follow-up of contacts (first or re-call examination).

RADIOGRAPHY

Small films (10 cm. x 10 cm.) used for G.P. referrals and contact work totalled 170; large films totalled 1,596.

DOMICILIARY CHEMOTHERAPY

During 1968 there were 48 patients having chemotherapy at home. 8 ceased treatment on medical instruction during the year, leaving 40 still having domiciliary chemotherapy at the year end.

TUBERCULIN TESTING AND B.C.G. VACCINATION

(a) *Contacts*. 133 tuberculin tests were carried out during the year, and 218 B.C.G. vaccinations effected by the chest physician (14 of adult staff at risk because of their work ; viz. : nurses, pathology staff, etc.).

(b) *School Children*. Once again the strongly tuberculin-positive school children (21) were referred to the chest clinic ; normally special clinics are arranged for these children to be seen during December, but owing to Dr. Boyd's illness these appointments were deferred until early in 1969.

(c) *University Students*. The University of Exeter was visited (as usual) during the registration period (October). 717 students attended, but only 653 were tested ; of these 364 were positive, 69 were negative and a disappointingly large number, 220, did not attend for reading of the result. 48 students were B.C.G. vaccinated ; 21 of the tuberculin negative students failed to attend for B.C.G.

PATHOLOGICAL EXAMINATIONS

461 pathological examinations of sputa, etc. were made at the request of the chest clinic during the year (see table LVI) compared with 843 in 1967. We are very grateful to Dr. B. Moore and Dr. J. O. P. Edgecumbe for their continued help and assistance.

HOME HELPS

The home help section was not called upon to help tuberculosis patients during the year.

EXTRA NOURISHMENT

17 were helped with extra milk.

CHIROPODY SERVICE

The establishment was increased to 4 chiropodists, and 2 whole-time and 1 part-time clerk receptionists, one of the senior chiropodists being upgraded to chief chiropodist. By the year end it had not been possible to recruit a further chiropodist, despite repeated advertisements. Nevertheless, the demand for chiropody is increasing and a waiting list, an undesirable feature, has formed. There is sometimes need for simple appliances for patients to wear or to insert in the shoes. Nearly four-fifths of all the treatments are given to women.

Table XXVIII.

Number of Treatments during 1968

	Elderly		Handi- capped		Expectant Mothers	Children		Totals		Grand Totals (1968)	Grand Totals (1967)
	M.	F.	M.	F.		M.	F.	M.	F.		
At Clinics	1689	5985	80	217	28	93	84	1862	6314	8176	7276
At Welfare Homes	286	848	—	—	—	—	—	286	848	1134	1161
At Nichols Centre	—	—	22	92	—	—	—	22	92	114	81
At Home	338	1064	1	1	—	—	—	339	1065	1404	1131
TOTALS	2313	7897	103	310	28	93	84	2509	8319	10828	9649

CERVICAL CYTOLOGY

Clinics were held weekly at Bull Meadow Road Clinic the women are also shown how to conduct self-examination of the breasts for tumours. The number of women attending (726) at our clinics has declined ; there is usually a waiting list of about 50. Requests for appointments come mainly through personal contact, or press, radio and television publicity. A number of patients under the age of 35 and some requiring repeat tests for inmedical reasons have been referred by family doctors.

Women who were screened in 1965/6 frequently enquire about a repeat test, but as the recommended interval is 5 years, this is not encouraged ; however, if a woman seems anxious about herself, she is given an appointment without further question.

4 slides were regarded as positive, being confirmed by repeat tests ; in one case hysterectomy was performed and in the other three, cone-biopsy. Of 17 other women showing "suspicious" results, 8 were operated upon—hysterectomy in 4 of them for grade 1 carcinoma, and, cone-biopsy in 4 of them for carcinoma-in-situ ; 2 proved negative ; the remaining 7 were "carried forward" into 1969 for further investigation.

Arising from the breast examinations, 2 women were referred back to their own doctors, but have since been considered clear.

Table XXIX.

CERVICAL CYTOLOGY CLINICS—ATTENDANCES

Age Range (years)	Referred by		Residing in		Total Women examined	RESULTS						Ref'd. back to G.P
	Doctor	Self	Exeter	Outside Exeter		Primary Smears			Repeat Smears			
						Neg.	Pos.	Susp.	Neg.	Pos.	Susp.	
—20	4	3	7	—	7	7	—	—	1	—	—	—
20—24	23	34	50	7	57	55	—	2	2	—	—	—
25—34	42	162	198	6	204	200	—	4	6	—	2	1
35—44	54	190	234	10	244	240	1	3	16	2	2	3
45—54	39	120	147	12	159	151	—	8	14	2	10	1
55—64	16	33	48	1	49	49	—	—	2	—	—	—
65+	2	4	5	1	6	6	—	—	—	—	—	—
	180	546	689	37	726	708	1	17	41	4	14	5

The positive and suspicious results (36) involved only 21 women.

VENEREAL DISEASE

Dr. J. T. Dunkerley kindly tells me that among Exeter residents attending his clinic, there were 42 new cases of gonorrhoea (28 men, 14 women). 120 men and 51 women attended for "other" conditions. There were no new cases of primary or secondary syphilis, but 4 of other varieties. Increasing sexual licence, especially since oral contraceptives are increasingly used, is probably responsible for the all round increase in venereal disease in the country.

VENEREAL DISEASE CLINIC—EXETER RESIDENTS. (1959 — 1968).

YEAR	New Cases of Syphilis	New Cases of Gonorrhoea
1959	1	8
1960	2	10
1961	2	21
1962	5	15
1963	—	12
1964	2	38
1965	2	21
1966	1	15
1967	—	27

Dr. A. J. Evans was appointed as consultant veneriologist, based on Plymouth, and he attends the Exeter Clinic twice weekly. Arrangements have now been made for one of our health visitors to assist, when requested, in contact tracing.

HOME HELP SERVICE

Organisation and Staff.

The administrative and clerical staff remained unchanged.

There were 66 part-time home helps ; their average age was 47 (ranging from 25 to 74 years) ; during the year there were 24 new entrants and 30 resignations. Of those who resigned, 5 were over 65 years old and 2 were over 60. There was a decrease in the number of home helps employed, as some new entrants worked more hours per week than some of those replaced. There was an increase of 341 hours of sickness during the year.

All cases are visited in the first instance by the organiser, and routine visits are also made. Such visits for the year numbered 1,907.

Cases helped.

During the year home help was provided for 780 cases in 758 families, involving 68,702 hours. No cases were refused. The amount of home help for confinement cases is steadily going down.

The average weekly case load was 451, and the average number of hours was $2\frac{3}{4}$ per case per week for all types of cases.

Category	Families helped		Hours worked	
	Part-time		Part-time	
1. (a) Confinement	20	(27)	219	(432)
(b) Ante-natal	9	(10)	134	(303)
2. (a) Acute illness (Under pension age)* ...	32	(33)	826	(1,074)
(b) Acute illness (Over pension age)	30	(18)	1,597	(1,586)
3. (a) Chronic sickness (Under pension age)	58	(65)	8,437	(9,884)
(b) Chronic sickness (Over pension age)	371	(354)	35,898	(36,467)
4. Old age	226	(198)	20,975	(23,368)
5. Tuberculosis	—	—	—	—
6. Others, including M.D.	12	(15)	616	(556)
* Pension age : Women = 60 years. Men = 65 years.	758	(720)	68,702	(73,670)

Figures in brackets refer to 1967. No cases were attended full-time.

Total cases helped	780	
Additional hours paid for :		
Travelling time	7,810	
"Waiting" time	—	
Overtime	29	
Holidays	5,839	
Sickness	2,922	
Miscellaneous	—	
Average weekly case load	451	(435)
Average hours worked per case per week		
All categories	$2\frac{3}{4}$	($3\frac{1}{4}$)
Old age	$2\frac{1}{4}$	($3\frac{1}{4}$)

Summary of Weekly Case Load by Categories

Category	Average case load		Average hours per case per week	
Confinement	$\frac{3}{4}$	(1)	$5\frac{3}{4}$	($7\frac{3}{4}$)
Ante-natal	$\frac{3}{4}$	(1)	4	($5\frac{1}{4}$)
Acute illness (Under pension age)	6	($6\frac{1}{2}$)	$2\frac{3}{4}$	(3)
Acute illness (Over pension age) ...	15	($13\frac{1}{4}$)	$2\frac{1}{4}$	($2\frac{1}{4}$)
Chronic illness (Under pension age)	39	($42\frac{1}{4}$)	$2\frac{1}{4}$	($4\frac{1}{2}$)
Chronic illness (Over pension age) ...	$243\frac{1}{4}$	($225\frac{1}{4}$)	$2\frac{3}{4}$	($5\frac{1}{4}$)
Old age	$141\frac{3}{4}$	($139\frac{1}{2}$)	3	($3\frac{1}{4}$)
Tuberculosis ...	—	—	—	—
Others	$4\frac{1}{2}$	(4)	$2\frac{1}{2}$	($2\frac{1}{2}$)

Figures in brackets refer to 1967.

Number of applications for help withdrawn :

(a) high charge	—	(3)
(b) other arrangements made	15	(13)
(c) nothing further heard	14	(11)
Number of P/T helps employed	66	(72)
Average age of helps	47	(50)
Number of home visits by Organiser	1,907	(1,100)

EXETER COUNCIL OF SOCIAL SERVICE

Mr. M. H. Grundy, Secretary of the Exeter Council of Social Service, has kindly told me that their home help service has 21 home helps, averaging 6 hours a week, helping 33 elderly people. They also provide a chiropody service—one chiropodist having a clinic list of 56 and a home visiting list of 40, while another attends 5 patients a week. They also undertake family budgeting, arrange out of season holidays for up to 40 elderly persons, and organise a widows' club, with a total membership of 78 and a weekly attendance of 30 at the Nichols Centre, and 19 over-60's clubs with an estimated membership of 1,000.

MENTAL HEALTH SERVICES

(See Tables LVIII-LXIII—pages 136-138)

Mental Health Workers.

The mental welfare officers made 4,315 visits of various kinds to or for mentally ill persons (two-thirds of them in regard to women patients) as well as 647 in connection with the welfare of mentally subnormal persons. 985 interviews were conducted at the main office (Nichols Centre). They also gave close support in the general work of the hostels and training centres. Mr. Lock completed his training, qualifying as a psychiatric social worker in July 1968. I have previously referred to the considerable burden on mental welfare officers of stand-by duty—much heavier than that on other social workers—which has caused some concern and unsettlement amongst them.

Training Courses for Voluntary Agencies.

During the year Mr. Staple organised courses of lectures for leaders of the Samaritans and for the British Red Cross (Exeter Division).

Sheltered Workshop.

Informal discussions have taken place with the Manager of the local office of the Department of Employment and Productivity regarding the possibility at a later date of providing on a site at the Nichols Centre a sheltered workshop for mentally disordered persons. There are 50 attending the centre and a similar number at Exe Vale Hospital who could probably make good use of such facilities.

Social Clubs.

Monday club : For mentally subnormal persons attending the adult training centre ; winter months only : 45 members : organised by training centre staff.

Tuesday club : For younger mentally ill ; 35 members ; Leader, Mrs. P. Terrell. Mrs. P. O. F. Garner (social worker) writes :—

“ This club continues on a ‘ constructively ’ permissive basis, i.e. we encourage, but without pressure, membership of the club and involvement in the various activities.

“ New members arrive without prior notice from the hospital, and we have no knowledge of their particular problems or diagnosis. This has some value inasmuch as they feel that they are in an essentially social setting—without the presence of persons in authority observing or directing their activity. The Club Leader and I try to make members feel welcome. We usually approach them within the first half hour of arrival rather than make an immediate and obvious move in their direction. By this time we feel that they will have absorbed the friendly atmosphere of the club, and become aware of the non-authoritarian attitude of staff. Some patients make a point of discussing their particular problems and not infrequently a private interview is sought with the mental welfare officer. We encourage informal group therapy by introducing new members to others with whom we think they will make good contact. In fact, a great deal of therapy takes place quite spontaneously between patients and groups.

“ We are fortunate in having the voluntary help from the University Mobile Action Group under Mr. Alan Long, and from another voluntary helper who has given special assistance with the long-stay and ex-long-stay patients ; I have observed two non-communicative patients join her ‘ card playing ’ group and become gradually but progressively able to mix well with others, including the non-card players. Another voluntary helper has been ‘ disc jockey ’, never failing to turn up in the past 3 years. Coffee making, washing up, serving, etc. are done by patients and staff on a voluntary basis.

“ The club activities remain the same, viz. : cards, draughts, chess, and other table games, table tennis and darts, informal

groups, until coffee at about 8 p.m. Records are played throughout the whole evening and contrary to expectation, members are more than tolerant of this noise. Most join in the dancing which is encouraged after coffee, mainly 'modern' and occasionally 'old time'. Patients are encouraged to bring their own records."

Wednesday club : Widows' club (under the auspices of the Council of Social Service) (78 members).

Thursday afternoon club : The over 60's ; 90 members, plus a waiting list. A group of patients attend from Exe Vale Hospital accompanied by Miss Hawken, senior occupational therapist ; also some from the community.

Thursday evening club : Ex-long-stay patients and those in lodgings or resident domestic posts ; 20 members ; Leader, Mrs. P. O. F. Garner (social worker).

Friday club : For the mentally subnormal ; 40 members ; Exeter & District Society for Mentally Handicapped Children actively assist.

Hostels.

Mr. and Mrs. Johnson have remained in charge, and this continuity of staffing has been very helpful.

There were 11 men and 11 women resident at the end of 1967. Admissions numbered 76 (43 of men, 33 of women)—the number of persons involved was 61 (28 men, 33 women), some being admitted and discharged more than once. 61 (30 men, 31 women) were discharged into the community. 11 men and 8 women were resident at the year end.

The Department of Health and Social Security will not supplement the wages of those in full-time employment even when earnings, because of the resident's residual psychiatric disability, are low. As board and lodgings charges in lodgings are higher than hostel charges, great difficulty is experienced in getting these low wage earners into suitable lodgings.

I would welcome more medical support for the hostel, from the psychiatric hospital for the mentally ill.

Table XXX.

Diagnosis of Hostel Admissions and Placing on Discharge in 1968,

Diagnosis	In at 31.12.67		Adm'ns Total		Hospital		Home		Residential Employment		Lodgings		Indust'l Rehab'n Unit		Left without Notice		Remaining in Hostel at year end	
	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.
Schizophrenia ...	2	3	14	9	4	3	1	2	2	—	1	2	—	—	1	—	3	4
Personality Disorder ...	1	2	3	5	—	1	—	2	—	—	1	2	—	—	—	1	1	1
Psychopathy ...	1	1	3	1	—	—	—	—	1	—	—	—	—	1	3	1	—	—
Depressive State ...	3	1	4	2	—	2	—	—	2	—	—	1	2	—	—	—	3	—
Epileptic Psychosis ...	—	2	1	3	—	1	—	1	—	—	—	3	—	—	—	—	1	—
Mental Subnormality ...	4	2	18	13	2	3	6	3	6	3	2	2	2	—	1	—	3	3
TOTAL ...	11	11	43	33	6	10	7	8	11	3	4	10	10	2	5	2	11	8

Table XXXII.
Hostel Admissions and Discharges—Mental Subnormality

In At 31.12.67	Admitted from						Discharged to										Remaining in Hostel at year end						
							Hospital		Home		Residential Employment		Lodgings		Left without Notice				Working		Training Centre		
	M.	W.		M.	W.		M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	
1	1						4	3	1	2	—	—	—	—	1	—	1	1	—	—	—	2	1
—	—						6	4	—	—	5	3	—	—	—	1	—	—	—	—	—	—	—
2	—						6	5	—	—	—	—	6	3	1	1	—	—	—	1	1	—	—
—	—						1	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—
1	1						1	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—
4	—						18	—	1	—	6	—	6	—	3	—	2	—	1	—	—	2	—
—	2						—	13	—	3	—	3	—	3	—	2	—	1	—	—	2	—	1

Some individuals are counted more than once—having been admitted or discharged more than once in the year.

Hostel Admissions and Discharges—Mental Illness

In At 31.12.67		Admitted from						Discharged to										Remaining in Hostel at year end	
M.	W.					Hospital		Home		Residential Employment		Lodgings			Left without Notice		Working	Training Centre	
						M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.		W.	M.	W.
1	6																		
—	1																		
2	—																		
3	1																		
1	1																		
7	—																		
—	9																		

Some individuals are counted more than once—having been admitted or discharged more than once in the year.

ADULT TRAINING CENTRE

Of the 143 (78 men and 65 women) attending at the end of 1968, 62 were mentally ill and 81 mentally subnormal. Most of the mentally ill have previously been in psychiatric hospitals for many years and the prospects for restoration to work in open industry are not very good. A small number, however, of more acute cases attend daily from the psychiatric hospital for rehabilitation and work training, with a good prospect of success.

41 men and women attending the centre live in lodgings, through the agency of the mental health social workers ; 4 men and 2 women are in the Nichols Centre hostels.

Work Training.

Within the limits imposed by the mental state of those working there, a work-shop atmosphere is maintained, particularly in the engineering workshop which was opened in January 1967. During 1968, a large contract for the assembly of tractor parts and linch pins was obtained ; over a quarter of a million per month of the latter are assembled. These large contracts, together with those for boxmaking and packing, have ensured practically full occupation for the workers and have provided opportunities for the successful training of some of the more seriously mentally handicapped persons. Some trainees with I.Q.s in the 40 to 50 range, using jigs specially made by the engineering instructors for the assembly of linch pins, are now able to work as effectively and quickly as many with much higher intelligence.

There has been a considerable development in the use of powered tools. Three powered hack saws are operated solely by mentally subnormal men. These machines lend themselves very well for training in a sequence of operations, including also recognition of colour, thus :—green button to start ; red button to stop ; black to lower the bow saw. The bench and pillar drills are operated by both mentally ill and mentally subnormal men.

Early in the year it was decided to purchase more sophisticated machinery to test and extend the abilities of some of the trainees ; a second-hand capstan lathe " Ward 2A " began production early in May. The first trainee was given an 8-week training period on a production run and after a slow beginning when his first week's production was valued at £2 16s. 0d., he achieved a production value of £22 in his final week. The next trainee did a 7-week period. He finished early, as he was found outside employment. This was a more complex operation. His highest weekly production value was £20 3s. 9d. The third trainee, who had an I.Q. of 71, completed a 4-week period but was then away for some weeks owing to illness. His highest weekly output was valued at £9 1s. 6d. When using second-hand machines more skill is required of the operator in work within fine limits, but

ADULT TRAINING CENTRE

	Attending at 31.12.67	Admitted during 1968	Discharges during 1968							Remaining at 31.12.68	
			To work	Re-admitted Exe Vale Hospital	Re-admitted Royal Western Counties Hospital	Ceased to attend	To Other L.H.A.'s	To St. Lyses I.R.U. Campmill	Died		Total Discharged
Women	66	50	19	15	4	9	1	2	1	51	65
Men	71	64	26	9	4	10	3	1	4	57	78
	137	114								108	143

encouraged by the success of this project, we purchased two more capstan lathes at the end of the year.

Much of the production from the engineering side of the training centre is for local firms engaged on contracts within the city, e.g. the new Exe Bridge, the new multi-tiered car park in Longbrook Street. The majority of the tractor parts are for the export market and the goods are packed, labelled, and despatched direct from the centre to the ports involved. This is not only gratifying in that it shows the confidence of the firms in us, but it also has a remarkable effect on the trainees when they know the various parts of the world for which the goods they have helped to manufacture are destined.

The men's side of the training centre is staffed by men who hold trade qualifications—three engineers and one gardener.

Eight trainees (5 men and 3 women) have been placed in employment in 1968 with the firms with which we are in contract, illustrating the possibilities of job training before placing out.

The domestic services in the centre, laundry, cleaning and kitchen work, are also used for job training.

The equipment in the centre is as follows :—electrical welding plant ; three centre lathes ; three capstan lathes ; bar bender ; grinders ; three power hack saws ; milling machine ; disc cutter ; hand drills ; a guillotine and a variety of jigs. Other equipment includes two boxmaking machines installed on loan by a local firm ; five electric and two hand-sewing machines ; domestic type laundry equipment ; ear washing equipment in two car washing bays ; seven greenhouses, in all about 7,200 square feet. Three of the greenhouses were generously given by Messrs. Wimpey, our trainees dismantling them at a local building site and re-erecting them at the centre.

Assessment.

The majority of new admissions to the training centre—in particular the adolescents and young adults—enter through an assessment unit which is supervised by Mrs. Hubbard, who was also put in charge of the women's side of the centre on the retirement of Mrs. Wood in October 1968. The unit was opened in January 1968. The aim is to determine, by simple methods, practical aptitude and ability, with a view to transfer later to the appropriate work rooms in the centre for further training. It is essential to have some background knowledge of the trainees before admission so that plans for the assessment programme can be formulated. Some are temperamental and require careful handling ; nevertheless, there have been few behaviour difficulties. The help of the mental welfare officers and close co-operation with other specialist officers and social agencies are essential. The youth employment officers interview at the unit and have placed some of the trainees in open employment,

and have discussed the occupational opportunities available locally. The education psychologist also advises but psychological and aptitude tests are not employed. We hope educational and industrial visits may be introduced. One of our problems is that the very success achieved in getting work opportunities causes pressure to a degree limiting the amount of assessment and preliminary training possible.

Methods used.

Having a number of different employments available is very helpful in assessment. It is important to let a trainee work at his own speed when he joins the unit and then gradually move from one kind of employment to another. With supervision, encouragement and observation it eventually becomes evident which jobs he is best suited to undertake. When this is known, more emphasis is laid on speed and accuracy and pride in achievement.

Although the industrial work of the centre has progressed so much during the year we have managed to keep to a programme of social training each Wednesday afternoon, the majority of the trainees participating.

Cooking. The girls, in groups of five at a time, receive instruction in cooking once weekly for five weeks. This should be developed further.

Sewing. A group take needlework, including the cutting-out of simple garments and machining them. This is especially liked by the older women, who make articles of clothing for themselves.

Swimming. Five girls go to the swimming pool at Ellen Tinkham House each week for instruction in swimming. Some are now able to swim a little.

Play Reading. During the past three years a play has been successfully produced each Christmas; play reading helps the trainees to express themselves and to take part in group activity.

Games. Two teams were entered for the Rounders Rally organised by the City Youth Committee last September. Although our teams did not progress very far, they had the satisfaction of taking part. Two years ago it was decided to take part in the annual County Sports Competition for mentally handicapped persons. On both occasions our entrants won the cup.

Music Appreciation. A number of the older trainees attend. Light classical gramophone music is popular.

Beauty Aids. Instruction in make-up, care of the hair, etc. is given.

Visits. Visits have been made by a group to the pedestrian and road user layout in the Whipton Playing Fields designed to teach road sense, etc.

Health Care. The health education officer's talks on various health topics have proved very popular. The centre is visited by the Council's chiropodist monthly. Dental inspections are made each year; should a trainee at any time require treatment, this is arranged individually. Trainees who work in the garden are offered anti-tetanus injections and the majority have accepted. Dr. Sime (Consultant Psychiatrist) visits the centre weekly to see cases of mental subnormality referred to him from the community and from the centre.

Reading. We should really do more in this field. Mrs. Govier, the part-time teacher in reading and writing, reports:—

“In all, 17 young adults, nearly all between 16 and 21 years old, attend in groups of 4 or 5 for 2 sessions a week of about an hour each. About half of the pupils are learning to read, using the Initial Teaching Alphabet (I.T.A.). One boy has changed successfully from I.T.A. to ordinary type (traditional orthography (T.O.)) and another is changing, but I feel the transition is too difficult for many of them, so we have decided to discontinue the use of this method.

We are now using the book series ‘Out with Tom’ (T.O.), recommended by the National Association for Mental Health, for illiterate adults. It is based on a vocabulary of 45 words known as the Social Sight Vocabulary, words we see every day like PULL, PUSH, WET PAINT. After this vocabulary has been learnt, all the sounds and combinations of sounds are gradually introduced until at the end of the series, a ‘reading age’ of $8\frac{1}{2}$ years will be reached. Five girls are reading the later books in the series fairly fluently and four are reading the first books well. We also use various kinds of reading apparatus, involving practice in word-building, word-recognition, and reading for comprehension.

Besides their ‘news books’, in which they record day-to-day happenings at home and at the centre, we have made picture scrap books, books about Christmas, written letters home frequently, and made and written greeting cards for special occasions. They are also learning the numbers 1-100 and use various ‘games’ and pieces of apparatus to learn the value of number. The impending change to decimal currency complicates the position.

Conversation is important. Some of the pupils have speech difficulties which impede their progress with reading and help from a speech therapist would be useful.”

Incentive Payments.

During 1968, the maximum incentive payment was raised to 30s. 0d. per week (the average being 12s. 6d.) ; the total cost amounts to £4,500. All trainees receive social security allowances or benefits.

Income.

Income from the training centre continues to grow as shewn below and we expect a further 20% rise in 1969/70. Very little money is spent on materials since the contracts obtained include processing and packing materials.

Financial Year	1961/2	1962/3	1963/4	1964/5	1965/6	1966/7	1967/8	Estimate 1968/9
Income	£ 384	£ 611	£ 832	£ 2,005	£ 3,379	£ 5,050	£ 5,950	£ 7,750
Incentive payments	395	394	520	1,513	2,687	3,500	4,287	4,750
Trainees	42	47	59	78	96	102	126	approx. 150

Further Developments.

Road Lay-out. On an average, 10 to 12 heavy lorries bring heavy steel bars and tractor parts to the centre each month and the internal road system of the centre ground has proved quite inadequate. The Council intend to provide in 1969 a larger turning area and a through road within the grounds with a one-way traffic system.

Gardens. A potting shed is to be constructed in 1969. The plans for a metal-cutting shop and storage facilities have been deferred for another year.

ELLEN TINKHAM HOUSE (*Junior Training Centre*)

51 children, including 9 Devon County children, were attending in December 1967. During 1968 there were 10 admissions (4 boys and 6 girls) and 2 discharged (1 to hospital and 1 death). The number attending in December 1968 was 59, including 10 County children.

The extensions referred to in the 1967 report were approved and begun in 1968 and will be completed in the summer of 1969. They include an extra classroom to provide for the children with

additional physical handicaps who were previously in the nursery class, an extension to the special care unit classroom and a home-craft and wood-work unit.

Staff.

Miss Paton, a welfare attendant, was seconded to the 2-year course (for the diploma of teachers of mentally handicapped children) at Bristol. To help with the increased numbers of children in the nursery class, an additional welfare attendant was appointed.

Special Care Unit. 8 children ; age-range 5 to 15.

Problems are beginning to arise with some of the older children who are very handicapped mentally but are physically fairly normal. The class-room is being extended. What provision should be made for the children in this group when they get older and become too heavy or active to be managed in the present children's group is now being considered.

General.

Dr. Allen, School Medical Officer, visits the school weekly ; Miss Bond, health visitor, also attends. Speech therapy and physiotherapy are provided, two sessions each per week. The peripatetic teacher for the deaf also visits and gives advice about four children with hearing defects. The children also have regular dental inspections and treatment. In conjunction with his weekly sessions at the Nichols Centre, Dr. Sime, consultant psychiatrist, Royal Western Counties Hospital, visits the school as necessary to see children with their parents.

The swimming pool has proved most useful. Almost all the children, except those in the special care unit, use it twice a week, some of the little ones being accompanied by their parents : 9 of the senior children can swim and 6 can dive. The adventure playground referred to in last year's report has been finished. Gifts, which are very gratefully acknowledged, from the following organisations enabled the work to be completed :—Polsloe Conservative Club, Exeter Round Table, Hilda Pike's Keep-fit Class, Moretonhampstead Townswomen's Guild, Inner Wheel West, Exeter and District Society for Mentally Handicapped Children.

Visits.

Parties of children make regular shopping visits into the city by public transport and also to the shops in the neighbouring village of Pinhoe. This forms part of the social training programme. Visits were also arranged to a Children's Art Exhibition at Taunton (from which three paintings by our children were sent to the national exhibition in London), to a Disabled Handwork Exhibition in Exeter and to the Devon County Show. Groups of children were also invited to the Harvest Festival at Pinhoe Infants' School and to St. James's Secondary Modern School for tea. During the year there have been exchange visits with Pinhoe School.

Other Activities.

Each class gave a Christmas Party to which invitations were given to all who had helped at the school during the year. Amongst these were visitors from Exeter University Catholic Society and Mount Pleasant Townswomen's Guild. The summer outing consisted of a boat trip from Exmouth.

Our entrants won two cups at the Sports Day arranged by the Devon County Group of Societies for the Mentally Handicapped. Seven children submitted entries for the Exeter Disabled Handwork Exhibition, and one child won a cup for her entry.

A 30-minute film of the work of the school was made by Mr. Gregg of the St. Luke's Teacher Training College and the parents were invited to see the film, a copy of which is being purchased by the Health Department.

Prebendary Royle kindly conducted a Harvest Festival Service in September and invited the children and parents to attend.

This year an Open Day out-of-doors was held in the summer. The weather was kind, enabling the children to give a display of Maypole dancing and a performance of their percussion band.

THE CONVEYANCE OF PATIENTS BY MENTAL WELFARE OFFICERS IN THEIR CARS

As the mental welfare officers felt that they were being used unnecessarily for "taxi purposes" in conveying patients to psychiatric hospitals, they were asked to keep a record of their car journeys for this purpose during the period 14th August to 20th September 1968. These numbered 53, each for one patient.

8 were to take elderly people to the Over-60's Club at Nichols Centre, because of temporary transport difficulties there.

41 of the remaining 45 were for admissions to hospital, 4 for discharges from hospital. 34 journeys were during office hours and 11 outside normal office hours, 3 of them at weekends.

In 35 instances the transfer by the mental welfare officer using his own car appeared to be necessary or at least marginally so. 3 patients might easily have made their own private arrangements for going to hospital; and alternative arrangements, e.g. the hospital car service, might equally well have been made for the remaining 7 patients.

There are sometimes advantages in the mental welfare officer using his own car for the transport of mentally disturbed persons, e.g. to avoid any delay after his visit—a delay which might involve additional stress on the patients and relatives, and to make useful contact with the patient and relatives.

Our conclusion is that on the whole there is little evidence that the mental welfare officers are being asked unnecessarily to convey patients and use their cars for transport.

Table XXXIII.

CHILD WELFARE CLINICS.

CHILDREN ON REGISTER (1964 to 1968)

CENTRE	Born 1968	Born 1967	Born 1963-66	Total 1968	Total 1967	Total 1966	Total 1965	Total 1964
Bull Meadow	212	190	210	612	633	656	634	701
Burnthouse Lane	241	191	353	785	637	746	540	594
Countess Wear	59	54	90	203	230	307	376	212
Whipton	265	278	408	951	926	960	984	1,007
Buddle Lane	229	226	262	717	857	929	843	733
Alphington	33	35	49	117	175	126	—	—
Pinhoe	32	28	106	166	110	133	—	—
Topsham	53	44	52	149	142	99	—	—
TOTALS ..	1,124	1,046	1,530	3,700	3,710	3,956	3,377	3,250

Table XXXII.

INFANT WELFARE CLINIC ATTENDANCES, 1968

ATTENDANCES ACCORDING TO AGE OF CHILD AT TIME OF ATTENDANCE.

CENTRE	Under 1 year	1-2	2-5	Total 1968	Total Sessions	Total M.O. Sessions	Total seen by M.O.	Total H.V. only Sessions	Total 1967
Bull Meadow (South) ...	829	441	248	1,518	52	50	382	2	1,366
Bull Meadow (North) ...	704	363	360	1,427	51	50	378	1	2,066
Alphington ...	253	224	138	615	52	41	228	11	996
Buddle Lane ...	1,336	1,801	1,536	4,673	101	98	1,103	3	5,611
Countess Wear ...	311	391	478	1,180	50	46	331	4	1,440
Topsham ...	339	307	281	927	51	50	342	1	935
Burnthouse Lane ...	803	777	801	2,381	51	50	646	1	2,555
Pinhoe ...	232	94	251	577	51	35	213	16	533
Whipton ...	1,351	1,364	1,135	3,850	103	99	1,106	4	4,417
Totals ...	6,158	5,762	5,228	17,148	562	519	4,729	43	19,927
TODDLERS' CLINICS (Total 1968)									
Burnthouse Lane ...	24	44	85	153	12	11	131	1	102
Whipton ...	—	8	50	58	7	7	58	—	113
HEALTH VISITORS' CONSULTATION CLINIC									
Burnthouse Lane ...	249	142	138	529	51	—	—	51	646
GRAND TOTAL ...	6,431	5,956	5,501	17,888	632	537	4,918	95	20,788

Table XXXV.

**PROVISION FOR THE UNMARRIED MOTHER
AND HER CHILD**

(Work carried out by the City Social Worker,
Miss B. CRAMP)

Cases brought forward from 1967	....	37
New Cases 1968	....	101
		138

Of the above, 30 cases carried into 1969 awaiting births.

1968 Cases :—

Cases transferred to other areas	....	13
After care help only	....	5
Tests negative	....	1
Legal abortion (mental health case)	....	1
Miscarriage	....	1
Home confinement	....	1
Married before confinement	....	9
Emergencies for which no booking made	....	4
St. Olave's Home bookings	....	2
St. Nicholas House	....	1
City Hospital Specialist Maternity Unit	....	8
Mowbray Hospital G.P. Maternity Unit	....	55
	TOTAL	101

Emergency admissions listed above made as follows :—

St. Nicholas 1; City Hospital 3 (1 of these transferred
to St. Olave's Home).

Total Births 69

Babies kept by mothers	45—(marriage taking place after in 2 cases).
Long term fostering	3—(parents marrying or seeking accommodation).
Taken " in care "	3—(unsuitable for adoption at present).
With parents co-habiting	3
Third party adoption	1
Prem. birth—baby died	1
Placed with foster mother	11 (all these now placed with adopters).
....	2 (awaiting adoption placement early in 1969).
TOTAL	69

Visits to homes, etc. 330 Interviews in office 287

Table XXXVI.

HOME MIDWIVES SERVICE

Number of cases attended as midwives (home deliveries)	310	
Number of visits paid to above cases :—		
(a) during first ten days	4,646	} 6,712
(b) after tenth day of puerperium	2,066	
Number of cases booked during the year :—		
(a) Home bookings	429	} 1,371
(b) Mowbray Hospital bookings	942	
Number of cases seen at the ante-natal clinics	405	
Number of attendances at the ante-natal clinics	2,673	
Number of ante-natal visits to patients' homes	6,199	
Number of medical aid forms sent	—	
Number of midwifery cases transferred to hospital	47	
Number of casual visits paid by midwives	3,886	
Number of post-natal visits paid by midwives	340	
Number of cases brought forward on 1st January, 1968 (mothers undelivered)	136	} 573
Number of cases booked during the year	429	
Number of emergency unbooked deliveries (and cases booked for delivery elsewhere than at home)	8	
Number of cases delivered during the year	310	
Number of cases of miscarriage of booked patients	2	
Number of booked cases who left Exeter before delivery	7	
Number of booked cases admitted to hospital undelivered	37	
Number of cases originally booked for home delivery and subsequently booked for delivery in hospital	82	
Number of cases remaining on the books on 31st December, 1968 (mothers undelivered)....	135	
	<u>573</u>	
Total visits to midwifery patients (excluding hospital discharges and cases for feeding supervision)		
		17,137
<i>Analysis of Deliveries :</i>		
Number of patients delivered by midwives	306	
Number of forceps deliveries	1	
Number of patients delivered by Doctors (other than forceps cases)	3	
	<u>310</u>	

Table XXXVII.

REPORT OF MATERNITY CASES TRANSFERRED FROM HOSPITAL.

Year ending 31st December 1968.

<i>Day(s) after delivery. Discharge from Hospital.</i>	<i>Number of cases.</i>	<i>Visits during first 10 days.</i>	<i>Visits after 10th day.</i>	<i>Total visits.</i>
1st	3	38	11	49
2nd	71	810	436	1,246
3rd	253	2,503	1,553	4,056
4th	78	629	502	1,131
5th	64	372	341	713
6th	104	527	584	1,111
7th	176	690	1,100	1,790
8th	227	669	1,352	2,021
9th	34	65	170	235
10th	22	15	130	145
11th	3	—	19	19
12th	3	—	18	18
13th	2	—	15	15
14th	2	—	12	12
After 14th	3	—	9	9
	1,045	6,318	6,252	12,570

Table XXXVIII.

HOME NURSING DURING 1968.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books 1/1/68	SENT BY				AGE GROUP				SEX		Total Visits	Deaths	Trans. to Hosp.	Conval-escence	Removed for other causes	Total Left On Books
				G.P.'s	Hosp.	P.H. Dept.	Others	Total	Under 1	1-5	5-15	15-64	65 and over							M.	F.
—	133	Post-stroke	52	119	14	7	19	211	—	—	—	34	177	9,839	27	61	42	19	62
—	87	Carcinoma	31	119	21	6	16	183	—	—	—	71	112	6,984	76	36	13	20	38
—	28	Diabetes	38	16	15	1	11	81	—	1	—	23	57	11,416	6	15	—	25	35
1	119	Heart Cases	59	125	7	9	9	209	1	—	—	35	173	6,328	42	45	57	20	45
—	53	Arthritis	47	43	13	4	16	123	—	—	—	28	95	6,803	7	30	9	29	48
—	103	Anaemia	100	96	12	1	20	229	—	—	1	42	186	4,224	13	27	19	62	108
—	1	Multiple Sclerosis	13	7	—	2	—	22	—	—	—	18	4	2,340	1	2	1	5	13
5	154	Other chronic diseases	102	125	39	12	62	340	3	4	7	88	238	19,220	23	79	42	73	123
—	63	Ulcers of Legs	57	57	13	3	7	137	—	—	—	30	107	9,023	—	28	42	9	58
—	52	Simple Senility	16	33	4	3	12	68	—	—	—	—	68	3,310	8	20	—	14	26
—	2	Tuberculosis :	5	—	1	3	4	13	—	—	—	9	4	555	—	—	2	8	3
—	13	Influenza	1	28	—	—	—	30	—	—	1	16	13	383	1	2	23	2	2
—	—	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	Whooping Cough	—	1	—	—	—	1	1	—	—	—	—	2	—	—	1	—	—
1	—	Other Infectious diseases	—	2	—	—	—	2	—	1	—	1	—	35	—	—	2	—	—
1	21	Pneumonia	4	28	—	—	—	32	1	—	—	6	25	357	4	8	16	3	1
9	102	Other acute chest con- ditions	5	117	22	4	7	155	5	5	—	40	105	1,639	9	21	101	17	7
2	1	Tonsillitis	—	15	—	—	—	15	1	1	2	10	1	93	—	1	14	—	—
27	105	Other acute infections	9	210	13	7	14	253	12	15	6	107	113	2,371	6	32	167	41	7
10	3	Ear Infections	2	21	—	—	—	23	5	6	3	6	3	164	—	1	21	—	1
57	1,046	Carried Forward	541	1,162	174	62	188	2,127	29	33	20	564	1,481	85,096	223	408	572	347	577

Continued on next page.

Table XXXVIII.

HOME NURSING DURING 1968—Continued.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books 1/1/68	SENT BY				AGE GROUP				SEX		RESULT							
				G.P.'s	Hosp.	P.H. Dept.	Others	Total	Under 1	1-5	5-15	15-64	65 and over	M.	F.	Total Visits	Deaths	Trans- to Hosp.	Conval- escence	Removed for other causes	Total Left On Books
57	1,046	Brought Forward	541	1,162	174	62	188	2,127	29	33	20	564	1,481	702	1,425	85,096	223	408	572	347	577
—	—	Maternity, etc.:	1	2	6	—	14	23	—	—	—	23	—	—	23	296	—	—	15	8	—
—	—	Infect. midwifery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Breast abscess	—	3	—	—	—	3	—	—	—	3	—	—	3	20	—	—	3	—	—
—	—	Flushed breast	—	39	—	—	2	41	—	—	—	41	—	—	41	385	—	9	29	2	1
—	122	Miscarriages	3	5	—	—	121	129	—	—	—	4	125	—	129	443	—	—	—	125	4
4	71	Changing of Pessaries	24	71	12	2	11	120	—	4	—	21	95	30	90	2,732	6	13	69	12	20
—	—	Accidents:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	62	Post Operation Cases	42	61	110	2	9	224	1	2	7	123	91	108	116	7,833	5	25	146	8	40
34	34	Pre X-ray Treatments	—	6	107	—	—	113	—	—	—	79	34	32	81	113	—	—	113	—	—
1	56	Enemata	—	83	1	1	1	85	1	—	3	25	56	35	50	198	1	4	77	3	—
14	14	Mental Confusion	4	6	5	1	2	18	—	—	—	—	18	2	16	880	1	7	—	3	7
—	—	Others	—	3	—	—	—	3	—	—	—	3	—	1	2	5	—	—	1	1	1
65	1,405	TOTALS	615	1,441	415	67	348	2,886	31	39	30	886	1,900	910	1,976	98,001	236	466	912	622	650

Table XXXIX.

HEALTH VISITORS—
DOMICILIARY VISITS, 1968

<i>Types of Visits</i>	<i>Visits</i>	<i>Ineffectuals</i>	<i>Total 1968</i>	<i>Total 1967</i>
Ante-Natal	62	8	134	97
Moral Welfare (as locum for social worker)	64	—	—	—
Babies under 1 year	5,543	1,505	7,048	7,987
„ 1—2 years	3,649	1,031	4,680	3,894
Toddlers 2—5 years	6,386	1,661	8,047	7,701
<i>Totals 0—5 years</i>	15,704	4,205	19,909	19,679
Children referred by G.P's	34	—	34	17
Hearing Assessment Sessions	161	—	161	213
Stillbirths	2	—	2	3
Infant Deaths	4	—	4	5
<i>After Care, etc.</i>	—	—	22	55
Disabled Adults	98	} 22	98	65
Diabetics	—		—	6
Hospital Referrals not Mental	10		10	15
Hospital Paediatric	1		1	3
Others ...	139		139	116
<i>Aged</i>				
Total Visits	1,582	211	1,793	1,438
Visits requested by G.P. or Hospital	207	—	207	219
<i>Audiology</i>				
Audiology	742	—	742	790
Handicapped Children	67	—	67	132
<i>Special Visits</i>				
Housing	110	} 75	110	103
Problem Families ...	437		437	223
Mentally Disordered ...	74		74	40
<i>Infectious Diseases</i>				
Households Visited (incl. T.B.)	540	—	540	516
Surveys	8	—	8	15
Evening Visits	37	—	37	15
School Health Visits....	437	—	437	226
Health Education	149	—	149	45
<i>Grand Totals</i>	20,543	4,513	25,056	23,839

Table XL.**IMMUNISATION AND VACCINATION DURING 1968.****SMALLPOX VACCINATION.**

Primary Vaccinations	996	{ By general practitioners	787
		{ At clinics	209
Re-vaccinations	388	{ By general practitioners	352
		{ At clinics	36

AGE GROUPS OF PERSONS VACCINATED (SMALLPOX) DURING 1968.

	Under :—	3 mths.	6 mths.	9 mths.	1 year	1+	2—4	5—14	15 and over	TOTAL
Primary		7	4	22	26	712	93	25	107	996
Re-vaccinations		—	—	—	—	2	6	43	337	338

Table XLI.**MEASLES VACCINATION (from May 1968).**

Age	Under 1 year	1 year	2 years	3 years	4 years	5-7 years	8-16 years	TOTAL
G.P.s	13	299	234	213	164	111	14	1,048
Clinics	1	176	157	110	148	249	10	851
Total	14	475	391	323	312	360	24	1,899

Table XLII.**PRIMARY IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS**

Children completing a primary course of one or more vaccines in 1968, grouped by age at which the course was completed.

	Under 5 months	Over 5 months and under 6 months	Over 6 months and under 9 months	Over 9 months and under 1 year	Over 1 year	Total
G.P.s	573	183	132	32	70	990
Clinics	115	75	77	15	234	516
Total	688	258	209	47	304	1,506

WHOOPING COUGH IMMUNISATION.

		Under 1 yr.	Total
Completed primary courses using	{ By general practitioners	920	972
Triple vaccine	{ At clinics	281	318

DIPHTHERIA IMMUNISATION.

Completed primary courses using	{ By general practitioners	920	972
Triple vaccine	{ At clinics	281	318
Completed primary courses using	{ By general practitioners	—	5
Diphtheria/Tetanus vaccine	{ At clinics	1	31

TETANUS IMMUNISATION.

Completed primary courses using } By general practitioners	920	972
Triple vaccine } At clinics	281	318
Completed primary courses using } By general practitioners	—	5
Diphtheria/Tetanus vaccine } At clinics	1	31
Completed primary courses using } By general practitioners	—	13
Tetanus vaccine } At clinics	—	167

Table XLIII.

RE-INFORCEMENT IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Number of children given a re-inforcement dose during 1968.

	Age : 18 mths.	5-9 yrs.	10+ yrs.	Total
By general practitioners	694	538	129	1,361
At clinics	270	657	24	951
TOTAL	964	1,195	153	2,312

at 18 months :—

Triple booster	933
Diphtheria/Tetanus booster	30
Tetanus booster	1

at 5—9 years :—

Triple booster	111
Diphtheria/Tetanus booster	1,078
Tetanus booster	6

at 10+ years :—

Triple booster	13
Diphtheria/Tetanus booster	79
Tetanus booster	61

2,312

Table XLIV.

POLIOMYELITIS VACCINATION.

Number of children who completed a primary course (3 doses) during 1968.

	Under 2 years	2-4	5-16	Total
By General Practitioners	929	37	14	980
Clinics	327	28	27	382
Total	1,256	65	41	1,362

Number of children given a re-inforcement dose during 1968.

	18 months	5-8	9-16	Total
By General practitioners	668	522	60	1,250
Clinics	275	657	7	939
Total	943	1,179	67	2,189

Table XLV.
AMBULANCE SERVICE
Monthly Summary of Section 27 Work 1/1/68 to 31/12/68

1968 Month	AMBULANCES		D.P. AMBULANCES		TRAINS		AIR	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	622	5,278	958	4,679	7	1,816	—	—
February	771	5,972	837	3,992	7	1,608	—	—
March	643	4,967	821	3,702	6	1,530	—	—
April	603	5,244	780	3,527	7	1,576	1	140
May	669	5,453	802	3,639	13	3,311	—	—
June	667	5,064	866	3,786	8	2,094	—	—
July	649	5,155	992	4,541	16	4 290	—	—
August	687	5,489	1,033	4 321	31	5,382	—	—
September	687	5,590	883	3,971	25	6,014	1	140
October	741	5,292	1,025	4,042	13	3,558	—	—
November	696	5,698	895	3,984	9	2,829	—	—
December	663	5,651	829	4,187	4	745	—	—
TOTALS 1968	8,098	64,853	10,721	48,371	146	34,753	2	280
TOTALS 1967	7,255	58,822	10,313	50,490	139	30,754	1	170

The above Summary does not include :—

1. Administrative and abortive journeys.
2. Conveyance of physically handicapped children to and from school.
3. Conveyance of patients to and from Nichols Centre and Play Groups.

Table XLVI.
AMBULANCE SERVICE
Classified Summary of Work from 1/1/68 to 31/12/68

CODE No.	CLASSIFICATION	AMBULANCES		DUAL PURPOSE AMBULANCES	
		Patients	Miles	Patients	Miles
1	Accidents	804	2,696	209	754
2	Acute illness and other emergencies	1,256	6,572	416	1,532
3	Removals to and from Hospital	4,725	34,917	8,840	30,065
4	Administrative and Abortive journeys	125	715	178	850
5	Infectious Cases—Exeter ...	32	499	69	616
6	“ “ —Devon	12	575	13	290
7	Other removals for Devon C.C.	1,232	18,308	988	12,879
8	Removals for other Local Authorities	37	1,286	186	2,235
9	Children to and from School	4	21	38	165
10	Patients to and from Nichols Centre and Play Groups	15	78	2,144	2 988
	TOTALS 1968	8,242	65,667	13,081	52,383
	COMPARABLE TOTALS 1967	7,381	59 626	18,090	60,911

CODE NOS. : 6 and 7—Chargeable to Devon County Council.
8—Chargeable to Other Local Authorities.
9—Chargeable to Exeter Education Committee.
10—Chargeable to Public Health Committee.

Table XLVII.

TUBERCULOSIS STATISTICS FOR THE CITY.

1	Total cases on Register, 1st January, 1968 :	Respiratory Non-Respiratory	<i>Totals</i>	
			268 35	303
2	Total new notifications received after deduction of duplicates :	Respiratory Non-Respiratory	14 1	15
3	Inward Transfers :	Respiratory Non-Respiratory	9 —	9
4	Deaths during the year from Tuberculosis :	Respiratory Non-Respiratory	3 1	4
5	Deaths during the year of Tuberculous patients from other causes :	Respiratory Non-Respiratory	5 —	5
6	Outward Transfers :	Respiratory Non-Respiratory	9 —	9
7	Number of cases removed from Register as "Recovered" or "Mistaken Diagnosis" :	Respiratory Non-Respiratory	28 18	46
8	Taken off the Register under the 'Public Health Tuberculosis Regulations, 1930'. ("Lost sight of")	Respiratory Non-Respiratory	7 —	7
9	Total cases on Register, 31st December, 1968 :	Respiratory Non-Respiratory	239 16	256

Table XLVIII.

MASS MINIATURE RADIOGRAPHY SURVEYS.

Year	Examined	Referred
1959	59,044*	421†
1960	5,240	14
1961	7,136	19
1962	11,250	10
1963	10,149	6
1964	11,196	41
1965	8,187	106
1966	8,415	154
1967	8,215	114
1968	5,706	293

* Includes 52,131 persons X-rayed during the Campaign.

† Includes 357 persons referred during the Campaign.

Table XLVIX.

**CASES EXAMINED AT CHEST CLINIC DURING 1968
REFERRED BY THE MASS RADIOGRAPHY UNIT.**

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	1	6	4	9	7	21	27	75
Female	—	7	4	6	3	12	9	41
TOTALS	1	13	8	15	10	33	36	116

Details of cases referred by M.M.R. Unit:—

		AGE IN YEARS							Total
		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
(1) Already known to Chest Clinic as cases of Tuberculosis.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(2) Already known to Chest Clinic as Observation cases or Contacts.	M.	—	1	—	2	—	1	—	4
	F.	—	2	1	3	1	2	—	9
(3) Failed to keep appointments at Chest Clinic.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(4) Transferred to other Clinics for investigation.	M.	—	—	—	1	1	—	2	4
	F.	—	—	—	—	—	1	—	1
5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)	M.	—	—	1	—	2	1	3	7
	F.	—	—	1	—	—	—	2	3
(6) Taken off Books — Chest conditions other than T.B.	M.	—	3	2	3	2	10	16	36
	F.	—	2	1	2	—	5	3	13
(7) Newly diagnosed as suffering from active Pulmonary T.B.									
Male Sputum Positive		—	—	—	—	—	—	—	—
Female Sputum Positive		—	—	—	—	—	—	1	1
Male Sputum Negative		—	—	—	—	—	—	—	—
Female Sputum Negative		—	—	—	—	—	—	—	—
(8) Remaining under Observation at 1-1.66.	M.	1	2	1	3	2	9	6	24
	F.	—	3	1	1	2	4	3	14
Private Cases (<i>see below</i>)		—	—	—	—	—	—	—	—
TOTALS		1	13	8	15	10	33	36	116
9) Disposal of New Cases diagnosed (<i>see</i> (7) above).									
(a) Sanatorium treatment.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	1	—
(b) Clinic Supervision.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(10) Private Cases	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—

Table L.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1968).

AGE GROUP.	RESPIRA-TORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Breast
MALE								
0-4	1	—	—	—	—	—	—	—
5-14	5	—	—	—	—	—	—	—
15-24	3	—	—	—	—	—	—	—
25-34	22	—	—	—	—	—	—	—
35-44	23	—	1	—	—	—	—	—
45-64	60	1	1	—	—	—	—	—
65 & Over	22	—	—	—	—	—	—	—
Total Male	136	1	2	—	—	—	—	—
FEMALE								
0-4	1	—	—	—	—	—	—	—
5-14	4	—	—	—	—	—	—	—
15-24	8	2	—	—	—	—	—	1
25-34	20	—	—	—	—	—	—	—
35-44	28	—	1	1	—	—	—	—
45-65	31	2	1	—	—	—	—	—
65 & Over	12	4	1	1	—	—	—	—
Total Female	104	8	3	2	—	—	—	1

GRAND TOTAL, MALE AND FEMALE = 256.

Table LI.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 7 YEARS.

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
	Respiratory	Non-Respiratory	Total	PER 1,000 POPULATION			
				Respiratory	Non-Respiratory	Total	
1962	7	1	8	0.09	0.01	0.10	—
1963	7	1	8	0.09	0.01	0.10	—
1964	8	—	8	0.10	—	0.10	—
1965*	4	2	6	0.05	0.02	0.07	—
1966*	4	—	4	0.04	—	0.04	—
1967*	4	—	4	0.04	—	0.04	—
1968	3	1	3	0.02	0.01	0.03	—

* Registrar General's figures.

Table LII.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1968
ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Respiratory		Non-Respiratory	
	Male.	Female.	Male	Female
0—	—	—	—	—
1—	—	—	—	—
2—	1	—	—	—
5—	—	—	—	—
10—	1	—	—	—
15—	—	—	—	—
20—	1	—	—	—
25—	—	—	—	—
35—	1	1	—	—
45—	2	1	—	—
55—	2	1	—	—
65—	1	1	—	—
75 and over	1*	—	—	1
Totals	10	4	—	1

15

Table LIII.

DEATHS FROM TUBERCULOSIS DURING 1968,
ARRANGED ACCORDING TO AGE.
(Registrar General's figures).

AGE AT DEATH.	Respiratory		Non-Respiratory	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	—	—
15—	—	—	—	—
20—	—	—	—	—
25—	—	—	—	—
35—	—	—	—	—
45—	—	—	—	—
55—	1	—	—	—
65—	1	—	—	1
75 and over	1*	—	—	—
Totals	3*	Nil	Nil	1

4

* Includes 1 Posthumous Notification.

Table LIV.

**SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC,
1963-1968.**

	1963	1964	1965	1966	1967	1968
1. Number of new cases diagnosed as suffering from active Tuberculosis	33	33	34	25	25	15
2. Number of patients examined for the first time during the year	655	1,121	1,175	1,709	1,197	1,310
3. Number of patients re-examined during the year	1,336	1,461	1,405	2,136	2,160	1,733
4. Number of contacts examined for the first time during the year	115 } 162 47 }	117 } 153 36 }	103 } 179 76 }	117 } 174 57 }	63 } 107 44 }	68 } 74 6 }
5. Number of contacts re-examined during the year:	213 } 247 34 }	173 } 183 10 }	198 } 206 8 }	200 } 226 26 }	162 } 222 60 }	102 } 128 26 }
6. Number of Inward Transfers during the year	24	15	6	26	10	9
7. Number of B.C.G. Vaccinations carried out during the year:						
Clinic Cases	116	159	148	196	201	266
13-year old schoolchildren under Ministry Scheme	—	—	—	—	—	—
8. Number of X-ray films taken during the year:						
Large films	1,830	1,753	1,645	1,832	1,570	1,596
Miniature films	139	59	94	114	104	170
9. Number of Screenings made during the year	1	1	1	15	2	1
10. Number of Pathological Examinations made during the year	913	814	904	947	843	461

Table LV.

TUBERCULIN TESTING AND B.C.G. VACCINATION AT THE CHEST CLINIC (1968).

AGE GROUPS, ETC.	Contacts of known cases of Tuberculosis	Sent by School Medical Officers	Sent by Family Doctors	Chest Clinic Cases	Other Groups	Seen as a result of Special Surveys	RESULTS		Given B.C.G. Vaccination	Post B.C.G. Tests
							Positive	Negative		
0-1	44	—	—	—	—	—	—	5	34	35
1-2	9	—	2	—	—	—	—	10	5	2
2-3	7	—	1	—	—	—	3	4	3	4
3-4	14	—	—	—	—	—	—	11	10	7
4-5	8	—	1	—	—	—	—	8	5	2
5-6	8	1	8	—	—	11	—	25	15	3
6-7	6	—	2	—	1	21	—	29	25	1
7-8	3	—	1	—	—	20	—	23	23	—
8-9	7	—	—	—	—	20	1	22	19	4
9-10	5	—	—	—	—	24	4	22	21	5
10-11	2	1	—	—	—	14	—	14	13	3
11-12	4	—	2	1	—	20	4	20	17	3
12-13	4	1	—	—	—	6	2	8	6	1
13-14	5	—	1	—	—	—	1	3	2	2
14-15	—	—	—	—	—	—	—	—	—	—
Senior School Children	—	—	—	—	—	110	78	16	12	16
Nurses and Hospital Staff	—	—	—	—	4	—	2	2	2	—
Occupational Therapists	—	—	—	—	2	653	364	69	48	71
University Students	—	—	—	—	1	—	10	6	3	—
Adults	7	—	8	—	17	—	13	4	2	—
Immigrants	—	—	—	—	4	—	—	—	—	—
Emigrants	—	—	—	—	—	—	—	—	—	—
Negative Reactors 1967 had B.C.G. 1968	—	—	—	—	—	—	—	—	—	—
Other Students	—	—	1	—	4	—	3	2	1	—
TOTALS	133	3	27	1	33	889	489	303	206	95

Table LVI.

PATHOLOGICAL EXAMINATIONS.

The following examinations were carried out for the Chest Clinic during the year.

NATURE OF SPECIMEN OR EXAMINATION	RESULTS			
	Tubercle Bacilli discovered	Tubercle Bacilli not found	Others	Totals
SPUTUM : Direct Smear	7	195	—	202
Culture	16	174	10	200
Preparation for Malignant Cells	—	—	2	2
Specimens obtained by Direct Culture	—	1	—	1
Bronchial Lavage :	—	—	—	—
Platelet Count	—	—	12	12
URINE : Direct smear	—	1	—	1
Culture	—	1	—	1
Throat and Nose Swabs	—	—	—	—
Blood Urea	—	—	—	—
Sedimentation Rates (Wintrobe Technique)	—	—	8	8
Haemoglobin Estimations	—	—	17	17
W.B.C.	—	—	17	17
GRAND TOTAL				461

Table LVII.

HOME VISITS.

During the year 1,353 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	....	....	13
(b)	Primary visits to New Contacts	....	....	140
(c)	Repeat visits to Patients	....	....	230
(d)	After-care visits	....	....	137
(e)	Visits for carrying out Tuberculin Tests at home	....	....	242
(f)	Other visits	....	....	461
(g)	Ineffective visits	....	....	130
Total Home visits				1,353

Table LVIII.
MENTAL HEALTH SERVICES.

MENTAL ILLNESS.

AGE DISTRIBUTION OF REALLY NEW ADMISSIONS TO PSYCHIATRIC HOSPITALS IN 1968.

TOTAL	Exeter Residents	Admitted under Mental Health Act, 1959							TOTAL	
		S.5	S.25	S.26	S.29	S.60	S.72	S.136	Male	Female
3	0—14 years, Male	1	—	—	—	—	—	—	1	—
	Female ..	2	—	—	—	—	—	—	—	2
124	15—44 years, Male	47	1	—	12	1	1	2	64	—
	Female	51	—	—	8	—	—	1	—	60
65	45—64 years, Male ..	24	—	—	1	—	—	—	25	—
	Female	32	1	—	7	—	—	—	—	40
113	65+ years, Male	34	1	—	1	—	—	—	36	—
	Female	66	3	—	8	—	—	—	—	77
305	TOTALS ...	257	6	—	37	1	1	3	126	179

Table LVIX.

RE-ADMISSIONS

INTERVAL SINCE PREVIOUS ADMISSION.

Of the 179 admitted in 1968 who had previously been in a psychiatric hospital the periods elapsing since the last discharge were :—

	<i>Patients.</i>				
Under 1 year					84
1 to 2 years					33
2 to 3 years					19
3 to 4 years					13
4 to 5 years					7
5 to 10 years					12
10 to 25 years					11
TOTAL					179

98 patients were admitted twice during the year, 20 were admitted 3 times, 6 were admitted 4 times, and 2 were admitted on 5 occasions.

	<i>Male</i>	<i>Female</i>
Exeter residents in psychiatric hospitals for mentally ill at 31.12.67	186	254
Admissions during 1968	227	383
Discharged out of hospital (including 78 deaths, 28 male, 50 female)	228	363
Remaining in hospital at end of 1968	185	274

TEMPORARY RESIDENTS.

In addition, the mental welfare officers admitted 96 persons (52 men, 44 women) who were only temporarily resident in Exeter.

Table LX.

MENTAL SUBNORMALITY—ASCERTAINMENT AND COMMUNITY SUPERVISION—
NEW CASES IN 1968.

Referred by	Under 15	Under 15	Over 15	Over 15	Working		Adult Training Centre		Junior Training Centre	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Local Education Authority	4	2	—	—	—	—	—	—	4	2
Intormally	3	5	3	1	1	—	2	4	—	2
Local Education Authority (School leavers)	—	—	—	—	—	—	—	—	—	—
Discharged from hospital	—	—	12	5	2	—	8	2	—	—
TOTALS	7	7	15	6	3	—	10	6	4	4

35

*27

* Of the other 8, 3 left the area, 4 are at home, and 1 was admitted to welfare accommodation.

Table LXI.

MENTALLY SUBNORMAL—UNDER CARE IN THE COMMUNITY.

Under 16		Over 16		Junior Training Centre		Adult Training Centre		Working		At home		Welfare Centre	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
25	28	—	—	23	25	—	1	—	—	2	2	—	—
—	—	84	84	—	—	42	38	24	28	17	17	1	1
25	28	84	84	23	25	42	39	24	28	19	19	1	1

Table LXII.

MENTALLY SUBNORMAL—ADMITTED TO HOSPITAL.

	Under 16		Over 16	
	M.	F.	M.	F.
S.5 Mental Health Act, 1959	—	—	1	5
S.26 " " " "	—	—	1	2
S.60 " " " "	—	—	5	—
S. 4 Criminal Justice Act, 1948 (as amended)	—	—	1	—
Circ. 5/52, facilities for temporary (holiday, etc.) care ..	9	2	2	7
TOTALS	9	2	10	14

2 severely subnormal and 2 subnormal Exeter residents died during the year.

The total of known Exeter subnormal persons having hospital and community care at the end of the year was 376, or 4 per 1,000 population.

Table LXIII.

MENTAL WELFARE OFFICERS' VISITS, ETC. TO THE MENTALLY ILL IN 1968.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1. Visits and investigations leading to admission to hospital	312	537	849
2. Visits involving removal to hospital	206	371	580
3. Visits to relatives, etc. after admission	93	165	258
4. Visits to patients in hospital	246	486	732
5. Aftercare and follow-up visits following discharge ...	415	827	1,242
6. Visits to patients in the community receiving out-patient treatment, etc.	294	450	694
TOTALS	1,476	2,839	4,315

MENTAL WELFARE OFFICERS' VISITS, ETC. TO MENTALLY SUBNORMAL PERSONS.

	<i>Men</i>	<i>Women</i>	<i>Total</i>
1. Investigation and advice	16	13	29
2. Visits involving removal to hospital . . .	9	11	20
3. Community care and supervision	275	292	567
4. Visits to patients on leave from hospitals	6	1	7
5. Visits to patients in hospital	6	18	24
TOTALS	312	335	647

985 interviews were given to patients and relatives at Nichols Centre.

APPENDIX I.

FACTORIES ACT, 1961

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN
RESPECT OF THE YEAR 1968 FOR THE COUNTY BOROUGH COUNCIL
OF EXETER

Prescribed Particulars on the Administration of the
Factories Act, 1961

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises. (1)	Number on Register (2)	Number of Inspec- tions (3)	Number of written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	23	2	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	469	38	16	—
(iii) Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	5	5	—	—
Totals	497	45	17	—

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Re-medied.	Referred		
			To H.M. In-spector.	By H.M. In-spector.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S. 1)	—	—	—	—	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable tempera- ture (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	—	—	—	—	—
Ineffective drainage of floors (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	1	—	—	—	—
(b) Unsuitable or de- fective	16	10	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Totals	17	10	—	—	—

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

NATURE OF WORK (1)	No. of out-workers in August list required by Section 133 (1) (c) (2)
Wearing apparel (Making etc., Cleaning and Washing)	35
Curtains and furniture hangings	5
TOTAL	40

APPENDIX II.

SURVEY OF FIRST REFERRALS TO THE COMMUNITY HEALTH SERVICE (NICHOLS CENTRE)

1.10.68—31.3.69

Continuing Surveys reported in previous Annual Reports

By : E. D. IRVINE, M.D., D.P.H.,
Medical Officer of Health.

W. H. A. WESTON, Dip. Soc.,
Senior Mental Welfare Officer.

L. N. CLARK, R.M.P.A.,
Asst. Senior Mental
Welfare Officer.

LEWIS COUPER, M.B., CH.B., D.P.M.,
Consultant Psychiatrist.

COMMENTS.

1. The total number of referrals in the 6-month period, 1st October 1968 to 31st March 1969 was 167, compared with 187 in the previous summer 6 months, and an average in the earlier four surveys (relating to the period October to March) of 153.
2. The tendency in previous surveys to a small increase in the number of referrals has not been continued on this occasion.
3. Women again out-numbered men in a ratio of approximately 3 to 2, compared with 7 to 5 and 5 to 3 previously.
4. The proportion of married people was 40%.
5. Family doctor referrals, at 62% of the total number shows a definite increase compared with previous results, but correspondingly fewer were referred by consultants.
6. Again two-thirds of those referred had consulted their own doctors, whilst 5 (3%) had no doctor of their own.
7. Rather over 12% of referrals were primarily social problems, a similar figure to the last survey, and again slightly lower than in the earlier ones.
8. Depressive states (43) and senile dementia (17 cases) were again the most commonly recorded diagnoses, and schizophrenia again shows a tendency to decrease—11 cases against 14 in the immediately preceding survey and an average of 16 in the earlier four surveys.
9. It has again proved difficult to ascertain the length of history before referral in more than a quarter of cases; there was a decrease in the number with a declared history of more than a year—21% against previous results of 27% in the last survey and 33% in earlier ones. 40% of cases revealed a sympathetic attitude in the family, a noticeable improvement on past results; but there was an increase in the number of families who were indifferent or positively rejecting the patient—18% compared with 12% last time.
10. Once again a high proportion of persons had not voluntarily sought help (35%); more than 15% were seen by mental welfare officers within a week of seeking help, and a slightly greater number had sought help from one week to three months before being referred to Nichols Centre.
11. 67% had not had psychiatric treatment before; this has been a consistent figure throughout this series of surveys, although it fell to 62% in the summer survey last year.
12. In 18% of cases the effects on family and others was thought to be mild only. A smaller number (nearly 15%) were felt to show moderate effects, and in four cases the effects were judged to be severe.

13. One case referred could not be helped because of totally unco-operative hysterical behaviour, and one case was not thought to be in need of specialised help—in fact, only seeking monetary help.
14. 34% of those referred were admitted to psychiatric hospitals; 20% were referred to their own doctors, 24% were later seen at out-patient clinics 2% (4 persons) were helped by mental welfare officers only. The remainder, slightly under 18% of all those referred, were assisted by reference to other social agencies for appropriate help and advice.

SUMMER SURVEY.

APRIL 1ST—SEPTEMBER 30TH 1968.

For the first time we carried out a comparable survey over the summer period. The findings were very comparable with the winter experience.

The main result of these enquiries is to shew the fairly constant character of the first referrals as a whole over the periods studied.

FIRST REFERRAL SURVEY — 1.10.68 to 31.3.69

					Winter Survey Oct. '68 to Mar. '69.	Summer Survey April 1st- Sept. 30th, 1968.	Average of four previous surveys.
<i>Mode of Referral</i>							
By patient	....	....	....	....	4	3	2.5
„ relative	....	....	....	....	2	3	6.5
„ consultant	....	....	....	....	23	27	53
„ family doctor	....	....	....	....	81	88	59.25
„ statutory social agency	....	....	....	....	7	15	11
„ voluntary social agency	....	....	....	....	3	4	.75
„ other means	..	....	....	....	47	47	20
Totals					167	187	153
<i>Initial Assessment of Condition*</i>							
Psychosis	....	Male	....	....	23	26	30.5
		Female	....	....	34	28	40
Neurosis	....	Male	....	....	35	37	11.5
		Female	....	....	47	56	38.2
Psychopath	....	Male	....	....	4	6	7.5
		Female	....	....	3	10	6.75
Social problem	....	Male	....	....	5	8	8.5
		Female	....	....	14	13	16
Subnormal	....	Male	....	....	—	—	—
		Female	....	....	—	—	1
Not assessed	....	Male	....	....	1	—	.5
		Female	....	....	1	3	1.5
<i>Period since Onset</i>							
Under 7 days	....	....	....	....	31	28	18.5
7—28 „	....	....	....	....	15	13	16.75
1— 3 months	....	....	....	....	16	20	18.5
3—12 „	....	....	....	....	22	19	17
More than 1 year	....	....	....	....	36	30	35
No definite information	....	....	....	....	47	77	46.5

* As considered by mental welfare officers.

FIRST REFERRAL SURVEY — 1.10.68 to 31.3.69—*contd.*

				Winter Survey Oct. '68 to Mar. '69	Summer Survey April 1st- Sept. 30th, 1968.	Average of four previous surveys.
<i>Social effects on</i>						
Spouse	}	Mild	....	30	45	19
Children						
Neighbours		Moderate	....	25	16	39
Workmates						
Parents		Severe	....	4	1	8
<i>Family attitude</i>						
Sympathetic	....	....	....	67	52	68
Rejecting	....	....	....	9	10	16.5
Indifferent	....	....	....	22	13	10
Not known	....	....	....	45	89	39.5
Not applicable (no immediate family relationship)	....	....	....	24	23	18
<i>Whether own doctor consulted</i>						
Yes	....	....	....	114	131	123
No	....	....	....	48	50	23
Has none	....	....	....	5	6	6
<i>Period since last consulted</i>						
Under 1 week	....	....	....	85	97	74.75
„ 1 month	....	....	....	17	18	9
Over 1 month	....	....	....	3	—	1.5
Not known	....	....	....	9	16	50
<i>Period since first seeking help</i>						
Under 1 week	....	....	....	26	40	33
1—4 weeks	....	....	....	12	23	10
1—3 months	....	....	....	17	15	6.75
Over 3 months	....	....	....	16	15	13
Not known	....	....	....	36	33	38
Not sought by patient	....	....	....	60	61	51.5
<i>Previous psychiatric treatment</i>						
As out-patient	....	....	....	9	15	11
As in-patient	....	....	....	34	41	36
None	....	....	....	112	115	96
Not known	....	....	....	12	16	8.75
<i>References out</i>						
To family doctors	....	....	....	34	15	19
„ psychiatric hospital	....	....	....	57	87	84.5
„ out-patient clinic	....	....	....	40	47	17
„ Community care	....	....	....	4	11	12
„ Other L.H.A. Service	....	....	....	9	12	8
„ Welfare Department	....	....	....	2	2	2
„ Child Guidance Clinic	....	....	....	—	1	.5
„ Other	....	....	....	19	10	7
„ None	....	....	....	2*	2	4.75

* 1 unco-operative hysteric.

1 incorrect reference—not mentally disordered.

	Present Survey.	Summer Survey April 1st- Sept. 30th, 1968.	Average of four previous surveys.
<i>Diagnosis*</i>			
Schizophrenia ..	11	14	16
Senile dementia	17	21	22
Anxiety states	12	6	10.5
Psychopathy	7	16	11
Depression	43	38	24
Inadequacy	6	8	8.75
Hysteria ..	4	5	4
Manic-depressive psychosis ..	—	4	1.75
Delusional insanity	1	1	1
Epilepsy ..	1	3	2.25
Traumatic confusion	1	—	1.75
Maladjustment (child)	—	—	.75
Obsessional neurosis	—	—	2
Drug addiction	1	—	.25
Recurrent melancholia	—	—	.25
Alcoholism	4	5	3.25
Acute mania	2	—	.75
Maladjustment (adult)	—	—	.25
Cerebral tumour	—	—	.25
Hypomania	—	1	.75
Paranoia	5	7	1.25
Paget's disease	—	—	.25
Post-puerperal depression	1	—	.5
Paraphrenia	—	1	—
Confusional state	1	3	—
Post-operative depression	—	2	—
Brain damage :			
Stroke	2	—	—
Anaesthesia	1	—	—
Munchausen Syndrome	1	—	—
Alzheimer's disease	1	—	—
Not known	38	52	33.5
Subnormality	—	—	1.25

* As diagnosed by (mainly) Consultant Psychiatrists.

APPENDIX III.

APPARENT SUICIDE ATTEMPTS RECEIVED AT THE CASUALTY DEPARTMENT, ROYAL DEVON & EXETER HOSPITAL DURING 1968

By

E. D. IRVINE, Medical Officer of Health.

W. H. WESTON, Senior Mental Welfare Officer.

L. N. CLARK, Assistant Senior Mental Welfare Officer.

This information, from a very simple survey, was compiled by kind permission from the register of the only hospital Casualty Department in the city. It is not always possible from the entry to get information about the person's age or details of the attempt, nor indeed how many of the episodes recorded may have been genuinely accidental overdoses of drugs. In the majority of instances the only entry is that the person was suffering from an "overdose". Of the 233 persons so received into the Casualty Department during the year (1968) 131 were Exeter residents, of whom 83 were previously known to the mental welfare officers. 45 of these latter were subsequently admitted to Exe Vale Psychiatric Hospital from the Royal Devon & Exeter Hospital. Of the 102 non-Exeter residents 30 were subsequently admitted to Exe Vale Hospital by the mental welfare officers. It was not practicable to get more information and this statement is therefore no more than an indication of the probable extent of the problem of attempted suicide in the city; this is now generally regarded as a "plea for help", though occasionally it is a plea for notice.

In addition to the 131 Casualty Department admissions of Exeter residents, there were 10 persons (5 men and 5 women) certified as having committed suicide during 1968. The unsuccessful attempts were scattered fairly evenly over the year, February being light, and none were recorded in August, but in that month two suicides occurred.

	<i>Apparent Suicide Attempts</i>			<i>Suicides</i>		
	M.	F.	Total	M.	F.	Total
January	6	8	14	1	1	2
February	2	3	5	—	—	—
March	5	4	9	—	—	—
April	3	8	11	—	—	—
May	2	7	9	—	—	—
June	4	7	11	1	1	2
July	7	6	13	1	1	2
August	—	—	—	2	—	2
September	4	8	12	—	1	1
October	5	11	16	—	—	—
November	7	7	14	—	1	1
December	8	9	17	—	—	—
TOTALS	53	78	131	5	5	10

Ages	Population According to Sample census 1966	Believed unsuccessful Suicide Attempts per 1,000	Believed Suicide Attempts			Suicides		
			M.	F.	Total	M.	F.	Total
0—14	19,150	—	—	1	1	—	—	—
15—19	7,880	3.55	13	15	28	1	—	1
20—24	6,970	2.72	4	15	19	1	—	1
25—44	21,140	2.32	22	27	49	1	—	1
45—64	22,820	.92	5	16	21	2	4	6
65—74	7,570	.39	2	1	3	—	1	1
Over 75	5,590	.12	4	3	7	—	—	—
Not known	—	—	1	2	3	—	—	—
TOTAL	91,120	1.44	51	80	131	5	5	10

Causes	Believed Suicide Attempts			Suicides			
	M.	F.	Total	Causes	M.	F.	Total
Overdose of drugs....	44	70	114	Multiple injuries (self-inflicted)	2	1	3
Coal gas poisoning....	3	7	10	Coal gas poisoning ..	—	1	1
Other poisons	1	—	1	Gun shot wound	1	—	1
Cut wrist	2	2	4	Overdose of drugs....	1	2	3
Cut throat	1	—	1	Hanging	1	—	1
Drowning	—	1	1	Drowning	—	1	1
TOTAL	51	80	131	TOTAL	5	5	10

The sample is a small one. Unsuccessful attempts were most numerous in the 25—44 year old group, but the age group 15—19 year-olds has the highest rate per 1,000 in the group, with the 20—24 year old group the next highest.

Among the unsuccessful attempts drug overdose was the method in the largest single group with coal gas poisoning a long way behind.

Successful attempts were most numerous in the group 45—64.

APPENDIX IV.

PUBLICATIONS BY STAFF OF EXETER HEALTH DEPARTMENT 1950—1969

- THE FUNCTION OF THE HEALTH DEPARTMENT (E. D. Irvine), "Public Health", November, 1951.
- THE NOTIFICATION OF DISEASE, with special reference to Infectious Disease (E. D. Irvine), "Lancet", *CCLXIII* (2), 724 (1952).
- EDUCATIONALLY SUBNORMAL CHILDREN IN EXETER (E. D. Irvine, Eve Lewis & G. A. Tue), "Medical Officer", *XC* (12), 143 (1953).
- NOISE AND THE PUBLIC HEALTH (F. G. Davies), Journal of Royal Sanitary Institute, *LXXIII* 1 (January, 1953).
- CHILD NEGLECT (E. D. Irvine), "Medical Officer", *XC* (24), 283 (1953) (based on evidence given to the Magistrates Association—B.M.A. Joint Commission on Deprived Children).
- THE HEALTH OF EXETER (E. D. Irvine and F. C. Davies), "Municipal Journal", 61.3158 (1953).
- A LONG TERM SONNE DYSENTERY CARRIER (J. H. Whittles), "Medical Officer", 1954.
- INFECTIVE HEPATITIS IN EXETER IN 1952 (J. H. Whittles), "Medical Officer", *XCI* (16), 176 (1954).
- THE FIELDS OF SOCIAL WORK (E. D. Irvine), "Mother and Child", 25, No. 9, 220 (1954).
- MEDICAL ASPECTS OF AGEING (E. D. Irvine), Chapter in "Living Longer" (N.C.S.S.) (1954).
- NURSING RECORDS (E. D. Irvine), Queen's Nurses Magazine, *XLIII* (12), 190 (1954).
- MEDICAL ADMINISTRATION (E. D. Irvine), "Public Health" (August, 1954).
- THE PATIENT WITHIN THE FAMILY (E. D. Irvine), "Nursing Times", L.39, 1032 (1954).
- CHILDREN NEGLECTED IN THEIR OWN HOMES, "Public Health" (August, 1955).
- AN EXPERIMENT IN ADJUSTMENT TEACHING IN EXETER OF EDUCATIONALLY SUBNORMAL CHILDREN (E. D. Irvine, Eve Lewis, G. A. Tue), "Medical Officer", *XCIII* (24/25), 331/347 (1955).
- HEALTH AND WELFARE OF THE OFFICE WORKER (F. G. Davies), Royal Society of Health, R.S.H. Journal, 25, 9, 676 (1955).
- OCCUPATION CENTRE AT EXETER (E. D. Irvine), "Medical Officer", *XCIII* (15), 204 (1955).
- HEALTH AND WELFARE IN SHOPS AND OFFICES (F. G. Davies), "The Sanitarian", 65, 141 (1956).
- BACKWARDNESS IN CHILDREN, MEDICAL ASPECTS (E. D. Irvine), "Medical World" (January, 1956).
- CO-ORDINATION AND CO-OPERATION IN THE HEALTH SERVICES (E. D. Irvine), "Medical Officer", *XCVI* (2), 19 (1956).
- A STUDY OF MANUAL AND MACHINE WASHING (D. Maynard), Thesis submitted to the Association of Public Health Inspectors (1956).
- ADJUSTMENT TEACHING FOR EDUCATIONALLY SUBNORMAL CHILDREN (E. D. Irvine, Eve Lewis, J. L. Howard), "Medical Officer", *XCVIII* (24), 335 (1957).
- EPIDEMIC VOMITING (G. P. McLauchlan), "Medical Officer", *XCVIII* (4), 47 (1957).

- THE PLACE OF THE MIDWIFE IN THE MATERNITY SERVICES (E. D. Irvine), "Medical Officer", C (17), 263 (1958).
- ON RELATIONSHIPS WITHIN AND WITHOUT THE SCHOOL HEALTH SERVICE (E. D. Irvine), "Public Health", LXXI (11), 403 (1958).
(Presidential Address to the School Health Group, Society of Medical Officers of Health).
- THE REPORT OF THE ROYAL COMMISSION ON THE LAW RELATING TO MENTAL ILLNESS AND MENTAL DEFICIENCY—as it affects the Elderly (E. D. Irvine), "Social Service Quarterly" (1958).
- A FORWARD LOOK FOR THE BACKWARD CHILD (E. D. Irvine), "Social Service Quarterly" (1959).
- VALUE OF LEADERSHIP IN THE PUBLIC HEALTH DEPARTMENT (E. D. Irvine), "The Municipal Journal", 3473, 2468 (1959).
- HOME ACCIDENTS IN EXETER CHILDREN (G. P. McLauchlan, E. D. Irvine, J. H. Keen, F. S. W. Brimblecombe), "Medical Officer", CV9, 115 (1961).
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- THE INCIDENCE OF CONGENITAL ABNORMALITY IN INFANTS BORN TO EXETER MOTHERS, 1954-1960, inclusive (I. V. Ward and E. D. Irvine), "Medical Officer", 381 (22.12.61).
- ADOLESCENT GIRLS IN SCHOOL (E. D. Irvine). (In Report of 10th International Congress of Catholic Physicians, London) (1962).
- PUBLIC HEALTH: WHAT OF THE FUTURE? (E. D. Irvine), Royal Society of Health Journal, 82/2, 106 (1962).
- THE GROWTH AND DEVELOPMENT OF PREMATURE BABIES (G. P. McLauchlan), "Medical Officer", CIX (17), 245 (1963).
- THE INCIDENCE OF CONGENITAL DEFECTS IN INFANTS BORN TO EXETER MOTHERS (I. V. Ward and E. D. Irvine), "Medical Officer", CX (12), 195 (1963).
- EXETER'S PROGRESS WITH MENTAL HEALTH CENTRE (E. D. Irvine), "Municipal Journal", 3704, 487 (14th February, 1964).
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(Presidential Address to the Devon & Exeter Medico-Chirurgical Society).
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- CLAY'S PUBLIC HEALTH INSPECTORS' HANDBOOK, 11th Edition (Ed. F. G. Davies), H. K. Lewis, London (1965).
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- A FURTHER NOTE ON THE INCIDENCE OF CONGENITAL DEFECTS IN CHILDREN BORN TO EXETER MOTHERS (I. V. Ward), "Medical Officer", CXV (12), 164 (1966).
- ANALYSIS OF FIRST REFERRALS TO EXETER MENTAL HEALTH CENTRE IN 1962-63, 1963-64 and 1965-66 (E. D. Irvine, L. Couper, W. H. A. Weston, L. N. Clark), "Medical Officer", CXVII (3), 33 (1967).
- COMMUNITY CARE FOR THE ELDERLY MENTALLY DETERIORATED (E. D. Irvine), "District Nursing", 10, No. 2 (1967).
- EXETER'S COMMUNITY MENTAL HEALTH CENTRE (E. D. Irvine), "Medical Officer", CXVII (1), p. 3 (6th January, 1967).
- PSYCHIATRIC PATIENTS IN LODGING PLACEMENTS IN THE COMMUNITY (E. D. Irvine and W. H. A. Weston), "Medical Officer", CXX (25/26), 366 (1968).

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EXETER'S MEDICAL SERVICES (E. D. Irvine), "Chapter in Exeter and its Region", Exeter University Press for British Association (1969).

EXETER COAL CONCENTRATION DEPOT (E. D. Irvine and F. G. Davies), "Medical Officer", CXXI (14), 181 (1969).

OBESITY IN SCHOOL CHILDREN (G. P. McLauchlan), "Medical Officer", CXXI, 327-331 (1969).

COST OF HEALTH AND PUBLIC HEALTH SERVICES

The total nett cost of the health and public health services in Exeter for the financial year 1968/69 is estimated to have been £352,170, as against £327,983 (actual) for the previous year.

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